



**Appling County School System  
Transfer Parental Consent for Special Education Services**

\_\_\_\_\_ **Student Name**

\_\_\_\_\_ **Date**

My child has enrolled in the Appling County School System. I have provided information that my child has been served as a student with a disability in their previous school. By signing this consent for services I am giving the Appling County School System permission to serve my child as a student with a disability.

\_\_\_\_\_ Yes, I do agree with my child receiving special education and related services.

\_\_\_\_\_ No, I do not agree with my child receiving special education and related services.

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Parent Signature**

\_\_\_\_\_ **Date**