



EXCEPTIONAL STUDENTS DEPARTMENT

Student Information

Exceptional Student Transferring from Another District

Name of Student: _____ Date _____
Date of Birth: _____
Legal First Name Last Name
Race _____ Gender _____ Grade _____

Parent/Guardian: _____ Relationship to Child: _____

Mailing Address: _____

Physical Address (Not P.O. Box): _____

Home Telephone: _____ Work Telephone: _____
Write ("None" if no number is available)

Emergency Contact Person: _____ Phone Number: _____

Doctor: _____ Phone Number: _____

Student's allergies or medical problems: _____

List Name and Dosages of Child's Medication: _____

Medicaid Number: _____
(Include copy of card or an old card)

Please give complete directions to your home from the school: _____

Brothers and Sisters also enrolled in the Thomas County School System: (Please list other people also living in the home.)

NAME	AGE	GRADE	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



EXCEPTIONAL STUDENTS DEPARTMENT

Transfer Information

Exception Student Transferring from Another District

_____ Date _____

Name of Student: _____ Date of Birth: _____

Legal First Name **Last Name**

Student Grade: _____

Special Education services provided by : _____
County/School District and Phone Number

Name and Address of Previous School	Contact Person	Phone Number
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I agree that the services are specified on the transfer information are correct. I understand this information will be utilized by Thomas County Schools as my child's educational plan. If changes need to be made to better meet my child's needs, I will be notified.

_____ Parent/Guardian Signature _____ Date _____

Completed by Exceptional Student Department

IEP: _____ Redetermination: _____ Eligibility: _____

Last Psychological: _____ Transfer Re-Eval. data review (60 day!): _____

Entered GO-IEP: _____ Case Manager Assigned: _____ Eligibility date Correct: _____

Special Information: _____

Parent Requesting a Conference: _____

In General Ed. Setting

Services: _____	Services: _____
Services: _____	Services: _____

In Special Ed. Setting

Services: _____	Services: _____
Services: _____	Services: _____

Related Services

Services: _____	Services: _____
Services: _____	Services: _____
OT/PT: _____	Special Transportation: _____
State Testing: _____ Milestones _____ GAA _____	

Approved: _____ Date _____

Signature of the Director of Exceptional Student

Individuals to be notified of acceptance:

PLEASE PICK-UP THIS STUDENT AS SOON AS POSSIBLE FOR THE SERVICES SPECIFIED.

Rev: 2020 May



EXCEPTIONAL STUDENTS DEPARTMENT

Parental Consent for Placement Exceptional Student Transferring from Another District

Name of Student: _____ Date of Birth: _____
Legal First Name Last Name

The Thomas County School System will implement the service and placement options in the most current IEP developed at the previous school system. IEP must be received in order to implement. **

_____ School Name IEP Implementation Date

I understand that this recommendation includes all the service needs identified in my child's Individual Education Program (IEP).

_____ Yes, I do agree with this statement.

_____ No, I do not agree with this placement for the following reason(s):

_____ I would like a conference concerning my child's placement.

Signature of Parent or Legal Guardian: _____

Contact Numbers for Legal Guardian: _____

Date: _____

*The Director of Exceptional Students will review your child's current IEP and Eligibility and determine if additional evaluation or information is needed to serve your child. If so, you will be contacted by your child's case manager for required consent forms and information.

**If your child's IEP or eligibility is expired, you will be contacted immediately.

Cristie Gilliard, Director of Exceptional Students
Phone: 229-225-4380



EXCEPTIONAL STUDENTS DEPARTMENT

Authorization for Release of Information

By signing below,

Parent/guardian signature: _____ Date: _____

I authorize verbal and/or written information to be exchanged, regarding:

Student's name: _____ Date of Birth: _____

for purposes of consultation and educational planning, between

	Primary Requestor:	AND	Secondary Requestor:
School Requestor	Thomas County Schools		_____
Street Address:	Cristie Gilliard, Director		_____
City, State, Zip:	200 North Pinetree Blvd.		_____
Phone:	Thomasville, GA 31792		_____
Fax:	229-225-4380		_____
Email:	229-225-5234		_____
	erodriguez@tcjackets.net		_____

and

Name: _____ Fax: _____

Address: _____ City: _____ State: _____

Name: _____ Fax: _____

Address: _____ City: _____ State: _____

Name: _____ Fax: _____

Address: _____ City: _____ State: _____

Each of these sites may require you to complete their HIPPA form as well.

The following information may include:

_____ Individual Education Plan, Eligibility Report , Recent Redetermination tied to previous eligibility report, Psychological Report(s), Educational Reports , 504 Plan

_____ Medical Reports, Psychological Testing, Psychiatric Reports, Social Reports

_____ Other _____ Please exit the student from GO-IEP

The above information will be used for the following purposes:

_____ Placement _____ Evaluation _____ Other: _____

I understand that I may revoke this consent at any time by providing written notice and will hold all agencies harmless for information released prior to written revocation. After one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.



Parental / Guardian Consent Form For Medicaid and/or Peachcare

◆ PLEASE PRINT ALL FIELDS ◆

Name of Student: _____ Date of Birth: _____
Last Name Legal First Name

SS#: _____
Student's Social Security Number

Parent/Guardian: _____ Relationship to Child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Dr. Name (Student's physician): _____
Dr. Phone Number: _____
Dr. Address: _____ City: _____

Reimbursement for services does require that a form be completed by your child's physician. Once you provide the contact information requested on this consent form, a document will be sent to the physician for completion. Your selection and signature gives or denies your permission for the School System to provide pertinent information to services provided in the student's IEP to their physician as required by Medicaid.

The School System is providing the health-related services to your child in accordance with his/her Individual Education Program or Individual Family Service Plan. Medicaid and/or PeachCare is required to cover some of the cost of certain services.

The School System cannot bill Medicaid/PeachCare without your consent. If you allow the school system to bill Medicaid or PeachCare for the health-related services that your child is receiving in accordance with his/her Individual Education Program or Individual Family Service Plan, check the "Yes" box and sign below.

Your selection and signature (parent/guardian) gives or denies permission to the school to bill Medicaid/PeachCare for the frequencies of services as defined in your child's IEP or IFSP beginning with the current school year.

- YES I authorize the School System to bill Medicaid and/or PeachCare for health related services my child is receiving.
- NO I do not want Medicaid and/or PeachCare billed for health related services my child is receiving.
- My child does not currently receive Medicaid; however, if he or she were in the future, I give THOMAS COUNTY SCHOOLS permission to bill for services.

Parent/Guardian Signature: _____ Date: _____

It is my responsibility as a parent to notify the school system's Special Education Department in writing if I ever decide to withdraw this consent allowing the school to seek reimbursement from Medicaid/PeachCare.

Note: As of April 1, 2003, the Children Intervention Services Program (CIS) and the Children Intervention Service Program (CISS) have been separated. Students can receive medical services in both programs without impacting service limitations.

If you have any questions, please call: Cristie Gilliard, Director of Exceptional Students (229-225-4380)