



1 Marauder Boulevard  
New York Mills, NY 13417

(315) 768-8127  
FAX (315) 768-3521

Date

I \_\_\_\_\_, legal guardian of \_\_\_\_\_,  
Parent/Guardian Student

Date of birth \_\_\_\_\_ waive my right of five (5) day notification prior to a  
CSE meeting for above said child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date