

[Print on School District Letterhead]

[Date]

[Insert Name of Parent/Guardian]
[Insert Street Address]
[Insert City], NE [Insert Zip Code]

RE: Option Enrollment; [Insert Name of Student]

Dear [Name of Parent/Guardian]:

I am writing to notify you of the rejection of your:

___ option enrollment application
___ request for a release approval.

Reason for Rejection: The reason for the rejection is that your application or request does not meet the conditions for approval that are set forth in the District's option enrollment policy and/or state law. Additional reasons for the rejection are set forth in the completed application form, which is enclosed.

Special Education Capacity Determination: If the option application disclosed or revealed that the student would receive or could be eligible to receive special education or related services, the District conducted an individualized analysis to determine capacity. After this careful individualized assessment, the District's Director of Special Education or designee concluded that the District does not have the capacity to provide the student with the following _____ services _____ and _____ accommodations:

Appeal Process: The parent or legal guardian may appeal a rejection of an application or of a request to release. The appeal is to be filed with the State Board of Education within thirty days after the date the notification of rejection is received. A sample petition form for an appeal can be found on the Nebraska Department of Education's website (<https://www.education.ne.gov/>).

Sincerely,

[Name of Superintendent], Superintendent
Crawford Public Schools

Enclosure: Completed Option Enrollment Application

Sent via certified mail