



2025-26

164 Orange Avenue| Irvington, NJ, 07111

TO: Guidance Staff

FROM: Dr. Edward Wilson
Director of Special Services

RE: Special Education Registration

DATE: August 2025

As we approach the 2025-26 school year, be advised that Registration for Special Education students, *regardless of their disability or placement*, will be conducted at their Home School. The registration procedure will follow the same District guidelines as general education students using the approved registration form.

Additionally, Special Education students *cannot* be placed by anyone other than a Child Study Team (CST) member. Thus, in order to facilitate the process, the Guidance Counselors should follow this procedure in registering a special education student:

- Follow district guidelines in registration process
- Complete all district registration forms and the “special education addendum packet” with parent
- Share letter with parent/guardian regarding special education registration process
- **Obtain NJ SMART State ID number – extremely important**
- Affix the current IEP and to the registration packet (also current evaluations if possible)
- Review of material and sign off by the school nurse, *regardless of their disability*
- **ALL ITEMS MUST BE COMPLETED ON THE REGISTRATION FORMS, Child Study Teams will not accept incomplete packets – this means: the** Registration form, In Transfer Assignment Form, Emergency Form, Authorization for obtaining and releasing information, In Transfer permission form, In Transfer procedure explanation)
- Counselors must contact the Child Study Team member responsible for their school by phone and/or email to alert them of registration, during early registration please collect all the packets and have ready for CST members upon their return in September
- All materials must be assembled together, as well as clearance by the school nurse prior to giving it to the CST
- CST will arrange a meeting with parent/guardian to review the registration forms and IEP in order to determine an adequate placement
- CST will make a copy of the packet and give to the parent to take to the Guidance Counselor of the In District placement
- Child Study Team Members must call/email the Guidance Counselor and alert them a special education placement registration has been completed and the parent will be coming to the school
- If the Child Study Team is in the placement school, the CST member will be responsible for bringing the paperwork to the counselor and/or the attendance secretary. This will assure that the school has accurate information

Please adhere to this procedure and upon completion of the registration process, communication with the Child Study Team **must be immediate** to assure placement and satisfy FAPE (Free and Appropriate Public Education). Please do not hesitate to contact the Child Study Team members or Special Services if you have any questions. Attached is the current list of Child Study Team members and their phone numbers. Thank you for your cooperation.

C: Dr. April Vauss, Superintendent
Dr. Matin Adeboyega, Assistant Superintendent
Principals
Child Study Teams

SPECIAL SERVICES REGISTRATION PACKET 2025-2026

PLEASE GIVE A COPY OF THE LETTER FROM SPECIAL SERVICES TO EACH REGISTERING PARENT/GUARDIAN EXPLAINING THE PROCESS.

Special Education Registration:

1.Complete District Registration Packet at student's Home School

2.Obtain copy of current IEP and evaluations

3.Complete Special Services additional forms:

- In Transfer Permission Forms
- In Transfer Registration Information
- Student Emergency Form
- In Transfer Information
- Authorization to Release/Obtain Form
- Notification to Principal (CST)
- SEMI Forms (CST)

IN-TRANSFER PERMISSION FORM

PARENT/GUARDIAN IN TRANSFER NOTIFICATION OF NEED FOR REVIEW OF CLASSIFICATION AND IEP PROCEDURES AND RIGHTS

Pupil's Name: _____

D.O.B.: _____

Assigned Program: _____

I have personally notified the parent/guardian of the above captioned child of the need for the review of his/her child's classification and IEP by the Child Study Team. I have also provided the parent/guardian with written notification of the need for review and a written explanation of procedures used and a copy of N. . Administrative Code Procedural Safeguards Subchapter 2 and N. .A.C. 16A.

Case Manager

Date

PARENT/GUARDIAN PERMISSION TO PROCEED WITH REVIEW AND RE-EVALUATION

I have received written notification of the need for the Child Study Team to review my child's classification and IEP which states the reason the review is necessary, the possible outcome of the review, mine and the school's rights regarding the review. I have also been given an explanation and description of the procedures used during and following the review of the evaluation. I have received a copy of the N. .A.C. Chapter 28, Special Education Title 18A: Chapter 46, and N. .A.C. Subchapter 2, Pupil Records which lists my rights regarding my child's Classification and IEP and describes procedures to be used should I choose to challenge the Individualized Educational Program developed for my child.

____ Permission is given to conduct, review and to evaluate my child if necessary.

Witness

Date

Parent/Guardian Signature

____ Permission is given to place child in program until IEP is complete

Witness

Date

Parent/Guardian Signature

IN-TRANSFER REGISTRATION INFORMATION

To be completed by Special Services Staff for n-Transfer Students registering in Special Services. This form is to be provided to the Guidance Counselor at the school in which the student will be registered.

To the Guidance Counselor:

The following information is provided to facilitate the registration of the student.

Student's Name: _____

Date of Birth: _____

Previous School: _____

Classification: _____

Current Grade Level: _____

Standardized Test Scores:

TEST NAME & SCORE: _____

Recommended Placement/Program: _____

Attached are photocopies of:

____ Birth Certificate

____ Social Security Card

____ Immunization Records

____ Proof of guardianship (if applicable)

____ Proof of Residence

____ Transcripts (for high school students)

____ Transfer Card

This cover sheet verifies acceptance of the sending school's IEP. It shall be in effect for no more than 30 days

Note: High school students must have transcripts of prior credits earned for appropriate grade level placement. If parent/guardian cannot provide a transcript, then they must have the previous school fax the transcript to the Special Services Department or Irvington High School Guidance Counselor.

Prepared by: _____

Team: _____

Date: _____

Child Study Team Member

Return this portion to Special Services:

_____ was registered in _____ school on _____ and
Has been placed according to the Child Study Team recommendation.

Signature of Guidance Counselor: _____ Date _____

STUDENT EMERGENCY INFORMATION

Date: _____

D.O.B.: _____ Grade: _____ Classification: _____

Referral #: _____

Child's Name: _____

Home Address: _____

Parent/Guardian: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

List any of your child's health, physical defects, or other conditions of which the Nurse, Teacher, Driver should be aware (for example): epilepsy, convulsions, asthma, diabetes, heart conditions, wheelchair, car seat, restraints.

List any medications which your child is taking dosage, side effects if any, or any precautions which your doctor feels is necessary:

Permission to Walk: Yes: _____ No: _____

Person to be contacted in case of emergency: _____

Relationship: _____

Address: _____

Emergency Phone: _____

Signature Parent/Guardian

IN-TRANSFER INFORMATION

Intake Date: _____ Team: _____ Case Manager: _____

State ID: _____ Local ID: _____

Pupil's Full Legal Name: _____

Address: _____, Irvington, NJ 07111

Student is: ☐ Female | ☐ Male D.O.B. _____ Age: _____ Grade: _____

Place of Birth: _____ State: _____ Country: _____

Parent/Guardian: _____

Relationship to Student: _____

Proof of Residency: _____ Verification: _____

Home Telephone #: _____ Cell Phone #: _____

Business/Work #: _____ Home School: _____

Student Home Language: _____

Siblings Attending Home School? ☐ Yes ☐ No If yes, how many? _____

Classification: _____ Classification Date: _____

Previous District: _____ Previous School: _____

RACE AND ETHNICITY: (NOTE: Both Part A and B of the questions must be answered)

Part A: Is the student Spanish, Hispanic/Latino (Choose only one)

☐ No, Not Spanish, Hispanic/Latino ☐ Yes, Spanish, Hispanic/Latino

If Yes, please choose from one of the below listed Hispanic Subcategories

☐ Dominican ☐ Central and South American
☐ Cuban ☐ Mexican, Mexican American, Chicano
☐ Puerto Rican ☐ Other Spanish/Hispanic/Latino Culture or Origin _____

Part B: What is the student's race? (Choose one or more)

☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or other Pacific Islander
☐ Black or African American ☐ White

Does the Student have Health Insurance: ☐ Yes ☐ N If yes, Name of Provider: _____

AUTHORIZATION TO RELEASE/OBTAIN INFORMATION:

Student Name: _____ Date of Birth: _____

Address: _____

Home School: _____ Grade: _____

I, the undersigned authorize the Special Services Department of the Irvington Public Schools to Release/Obtain written records and other information to be released by:

(Name and Address of Person or Agency)

For the Purpose of: **EDUCATIONAL PLACEMENT** _____ **SCHOOL ENROLLMENT** _____

Materials to be shared or copies of records to be forwarded. (Please check)

- | | |
|--|--|
| ☐ IEP – Most Recent | ☐ Social History |
| ☐ Psychological Evaluation | ☐ Neurological Evaluation |
| ☐ Learning Disability Evaluation | ☐ Neuropsychiatric Evaluation/Report(s) |
| ☐ Psychiatric Evaluation | ☐ Medical Evaluation Report(s) |
| ☐ Classification | ☐ Immunizations |
| ☐ Physical Therapy Report(s) | ☐ Attendance Record(s) |
| ☐ Occupational Therapy Report(s) | ☐ Progress/Report Card |
| ☐ Other Consultant's Report(s) | ☐ Transcripts of Grades |
| ☐ Child Study Team Summary and Educational Plan | |
| ☐ Transfer Card | |

Date

Parent/Guardian Signature

TO: **Building Principal**

FROM: _____, Case Manager

DATE: _____

STUDENT: _____ DOB: _____

GRADE: _____ PROGRAM: _____

Please be advised the above named student is scheduled to begin attending your school in _____ class. This program should begin on _____.(teacher's name)

This student's program is as follows:

- ☐ Self-contained
- ☐ Resource Room (pull out replacement)
- ☐ In Class Resource (general education)
- ☐ In Class Support (general education)

With the following related services:

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech
- ☐ Counseling
- ☐ Transportation

If you have any questions, please feel free to contact me at _____.

Thank you.

cc: **Guidance Counselor**



Services| 2025-26

164 Orange Avenue| Irvington, NJ, 07111
Edward Wilson, Ed.D.| Director

2025-2026 Special Education Medicaid Initiative (SEMI) Parental Consent Form

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students. In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child, including evaluations and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation,) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or public insurance to pay for special education or related services under Part 300 (services under the IDEA).

I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing I understand that billing for these services by the district does not impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Child's Name: _____

Child's Date of Birth: ____/____/____

Parent/Guardian: _____

Date: ____/____/____

I give consent to bill for SEMI: Yes ____ No ____

Parent/Guardian's Signature: _____

This consent can be revoked at any time by contacting your child's Case Manager,
or the administrator at your child's school, in writing.

Revised August 2026