



Cross-ISD Program Choice Form

Public Act 196 provides for parent choice to enroll their child in GSRP in a non-resident ISD, it states:

“An intermediate district or consortium of intermediate districts receiving a grant under this section shall allow parents of eligible children who are residents of the intermediate district or within consortium to choose a program operated by or contracted with another intermediate district or consortium of intermediate districts and shall pay to the educating intermediate district or consortium the per-child amount attributable to each child enrolled pursuant to this sentence, as determined under section 39.”

Sub-recipients can prioritize applicants, enrolling qualifying children according to the Eligibility and Prioritization Flow Chart who reside in the sub recipient count first. Out of county applicants would then be placed on a waiting list until fall to ensure that the local community has enrolled their neediest of children.

Child's Name

Parent/Guardian Name

Date of Birth

Street Address

City and Zip Code

I am requesting slot(s) for this income eligible/over income to attend a part day school day

Site Program Director/Enrollment
Coordinator Signature

Agency Name

Date

Please check all reasons for applying to an out of ISD service area placement in GSRP:

Local GSRP at Capacity No Local GSRP Available Parent Choice Other

I understand my child is eligible for _____
Name of Resident Preschool Program

The program that best meets the needs of our family is _____

Due to the following reason(s): _____

I understand my resident ISD service area is responsible for special education services such as speech therapy, occupational therapy, physical therapy or other services should my child be determined eligible for special education.

-Federal Register, vol. 71, Monday, August 14, 2016, page 46593

If a determination is made by the Local Education Agency (LEA) where public/private school is located, that a child needs special education and related services, the LEA where the child resides is responsible for make Free Appropriate Public Education (FAPE) available to the child.

I understand that by choosing a program outside my resident ISD service area, my child, if needed, may not be able to receive special education services such as, but not limited to speech therapy, occupational therapy, physical therapy or other services provided by the intermediate school district in the classroom setting. I agree this information may be shared with appropriate agencies.

Please Print – Child’s Full Name

Please Print – Parent Full Name

Parent Signature

Date

GSRP Use Only Please

Educating ISD Representative

Date

Space Available

No Space Available

Resident ISD Representative

Date

Space Available

No Slot(s) Available

Student FPL% _____ Risk Factors (mark all that apply) <input type="checkbox"/> Low Income <input type="checkbox"/> Diagnosed Disability <input type="checkbox"/> Severe behavior <input type="checkbox"/> English as a 2 nd language <input type="checkbox"/> Parents not graduated from HS <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Environmental Risk

A representative from the family’s resident GSRP pre-school has reviewed the information.

Resident District/Agency GSRP Representative

Date

Please return completed form to Gretchen Wagner:

wagnerg@baisd.net

989-667-3290