New Jersey State Department of Education

Office of Special Education Programs

**NOTIFICATION OF PLACEMENT**

**Districts must complete this form, attach a copy of the student’s IEP and forward these to the County Office within 10 days of placing a student with a disability on home instruction or in a receiving school. When placing a student in a receiving school, forward a copy of the notification to the receiving school. Please note: Notification of placement in the same receiving school is not required each school year. Notification is not required if the out-of-district placement is another public school district.**

**District of Residence:** Click here to enter text. **County:** Click here to enter text.

**Student’s Name:** Click here to enter text. **Date of Birth:** Click here to enter text.

**Placement Setting:** Click here to enter text.

**Home Instruction:** [ ]  **Initial Notification for 60 Days** [ ]  **Renewal for 60 Days, # Click here to enter text.**

Check whether the notification of home instruction is an initial notice. If a renewal, indicate whether this is the 2nd, 3rd, etc. notification of renewal.

**Receiving school placement, check one [NJAC 6A:14-7.5(b)]**

Name of School or Facility: Click here to enter text. Date Placed: Click here to enter a date.

|  |  |
| --- | --- |
| [ ]  Educational Services Commission | [ ]  Special Services School District |
| [ ]  Jointure Commission | [ ]  Katzenbach School for the Deaf |
| [ ]  Public College Operated Program | [ ]  DHS Regional Day School |
| [ ]  Approved Private School for the Disabled | [ ]  DOE Regional Day school |
| [ ]  Community Rehabilitation Program [NJAC 6A: 14-4.7(f)] |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification: I certify that this information is complete and in compliance with NJAC 6A:14. Send one copy to the county office of education and one to the receiving school.**

Chief School Administrator or Designee \_\_Paymon Rouhanifard\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Typed name and signature Date

Phone Number 856-966-2040

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Receiving School Acknowledgement: Sign and send to the county office of education.**

\_\_\_\_\_\_\_\_\_\_\_ Date of student’s first day of attendance [NJAC 6A:14-5.7 (c)]

Receiving School Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

 Typed name and signature Date