

NASSAU COUNTY DEPARTMENT OF HEALTH OFFICE OF CHILDREN WITH SPECIAL NEEDS PRESCHOOL SPECIAL EDUCATION PROGRAM

CHANGE OF ADDRESS NOTIFICATION REQUIREMENTS

Child's Name:		Child's Date of Birth:	
Address of Child:		Apt/Unit:	
City:	State:	Zip code:	
Today's date:	School District of	f Residence:	
Center Based Program Pro	vider:		
Office of P-12 Education and EDUCATION, Pursuant to Some Students with Disabilities Section of the Some Securities of the Commeter of the Committee of the Comm	d Office of Special Education ections 207, 3214, 4403, 44 ection 200.16 (e) (5) endation for a preschool sust identify transportation	York, THE STATE EDUCATION DEPARTMENT, on's REGULATIONS OF THE COMMISSIONER OF 404 and 4410 of the Education Law, PART 200 student with a disability to receive programs and options for the student and request and expense where cost-effective.	
district. If my child needs to	child no longer resides at be "picked up" or "dropped	the parent/guardian/surrogate of the above named the above address, I will notify the above named s off" at a different location than originally agreed to notifications in writing prior to this change taking eff	chool , I
and I want my child to contin	ue receiving preschool spe	esident of a different school district and/or municipa ecial education programs and services, I will registe to the CPSE chairperson of the new school district	r my
If I do not inform the new s busing for my child.	chool district within two	weeks of moving, there may be an interruption	in
Parent/Legal Guardian's sigr	nature:		
Date:			
Directions for CPSE Chair:			

One copy to parent and retain a copy of this form the child's record so that it is available for inspection upon the request by the Nassau County Department of Health Preschool Special Education Program