



**OSCODA AREA STUDENT SERVICES**

3630 River Road

P.O. Box 694

Oscoda, MI 48750

[www.oscodaschools.org](http://www.oscodaschools.org)

**IOSCO REGIONAL EDUCATIONAL SERVICES AGENCY  
PLACEMENT/INFORMATION FORM**

Date \_\_\_\_\_

\_\_\_\_\_ New Student/30-Day Placement \_\_\_\_\_ Change of Address \_\_\_\_\_ Other (specify) \_\_\_\_\_

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Hispanic \_\_\_\_\_ Race \_\_\_\_\_

Parent/Guardian/Surrogate \_\_\_\_\_ Home Language \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if different \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ School District \_\_\_\_\_

Previous School District \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

District Building: Oscoda High School or Richardson El. Current IEP Date \_\_\_\_\_ Current MET Date \_\_\_\_\_

Disability \_\_\_\_\_ Program Placement \_\_\_\_\_

Other Comments \_\_\_\_\_

I give permission for the placement of my child in Special education and/or Speech & Language for no more than 30 School days, during which time an I.E.P.T. shall convene.

\_\_\_\_\_  
**Parent/Guardian/Surrogate** **Date**

**Transportation/Day Care**  
Pick up/drop off directions: \_\_\_\_\_

**Copy to Special Education Office.. Copy to Transportation.. Copy for Student File**