Grant Parish School Board

P.O. Box 208 Colfax, Louisiana 71417

Name of Child		
Name of Paren	t/Guardian:	
Name of School	ol:	
Revised 8/10/2020		
	WAIVER OF TEN	CALENDAR DAY
N	NOTICE/CONSENT	REQUIREMENTS
I, the parent/guardian of		understand that
any waiver of r	notice/consent requirements	is voluntary. I understand that I may
withdraw this v	vaiver anytime prior to the	event(s) checked below.
Circle one:	I AGREE	I DO NOT AGREE
to waive the red	quirements of a ten (10) cale	endar day interval prior to
Parent/Guardia	n notification of the review	IEP conference.

DATE SIGNATURE OF PARENT/GUARDIAN