



Dear Parent/Guardian:

New York City Public Schools, as the district of location, is responsible for conducting evaluations, developing Individualized Education Services Plans (IESP), and providing special education services to students with disabilities who are placed at parent expense in private or religious nonpublic schools located in New York City. **If you would like your child to receive special education services while enrolled in a New York City nonpublic elementary or secondary school for the 2027-28 school year, you must sign and mail or email this form, included on Page 2, to the [Committee on Special Education \(CSE\)](#) for receipt by June 1, 2027.**

If you reside in New York City and your child will attend a nonpublic school outside of New York City, please note the following:

- The public school district outside of New York City where your child's nonpublic school is located, the district of location, will be responsible for providing special education services, conducting individual evaluations, and conducting Individualized Education Program (IEP) meetings where an IESP may be developed.
- New York City Public Schools as the district of residence must have your written consent (enclosed on page 4) in order to provide information (such as your child's IEP/IESP) to the district of location, the school district where your child's nonpublic school is located outside of New York City, so that they can arrange for the recommended special education services. The consent form is included on the final page of this document.
- You must request services from the district of location, the school district where your child's nonpublic school is located outside of New York City, by June 1. The personnel and locations providing these services will be determined by that school district.
- If the nonpublic school where you placed your child is located in another state, your child might not be entitled to all of their IEP services. You will need to check with that school district nonpublic for more information.

Sincerely,
Committees on Special Education
New York City Public Schools



Parental Notice of Intent Template

Dear Parent/Guardian:

If you have placed your child in a nonpublic school **located in New York City** at your expense and want your child to continue receiving special education services at that school during the next school year, you must mail this form or email the information below to the Committee on Special Education (CSE) office indicated below **no later than June 1, 2027**.¹

I have placed my child in a nonpublic school located in New York City at my expense and want their special education services to be provided during the 2027-28 school year. I understand that the Committee on Special Education will provide information about my child to the nonpublic school in which my child is enrolled. If I do not reside in New York City, I give permission for New York City Public Schools to provide information about my child to the school district where I reside.

First and Last Name of Student: _____

Date of Birth: _____

Student ID #: _____

Parent/guardian phone #: _____

Parent/guardian email: _____

Name of school my child will attend for the 2027-28 school year: _____

Address of school my child will attend for the 2027-28 school year: _____

Child's grade for the 2027-28 school year (e.g., kindergarten, first grade, second grade, etc.): _____

Name and Email Address of a contact person at the school my child will attend for the 2027-2028 school year: _____

Name of school district where this school is located (*if the school is outside New York City*): _____

Parent/Guardian Signature _____ Date _____

Print Name (Parent/Guardian) _____

¹ Parents of a student with a disability who have privately enrolled their child in a nonpublic school in New York City may seek to obtain educational services for their child by submitting a request for such services for receipt by New York City Public Schools on or before June 1, 2027 (Educ. Law § 3602-c[2]).

Committees on Special Education (CSEs)

□ CSE 1 (Districts 7, 9, 10) Email: CSE1PNI@schools.nyc.gov Address: 1 Fordham Plaza, 7th Floor Bronx, New York 10458 □ CSE 2 (Districts 8, 11, 12) Email: CSE2PNI@schools.nyc.gov Address: 3450 E. Tremont Avenue, 2nd Floor Bronx, New York 10465 □ CSE 3 (Districts 25, 26, 28, 29) Email: CSE3PNI@schools.nyc.gov Address for Districts 25 & 26 30-48 Linden Place Flushing, New York 11354 Address for District 28 & 29 90-27 Sutphin Boulevard Jamaica, New York 11435 □ CSE 4 (Districts 25, 26, 28, 29) Email: CSE4PNI@schools.nyc.gov Address for Districts 24 & 30 28-11 Queens Plaza North, 5th Floor Long Island City, New York 11101 Address for District 27 82-01 Rockaway Boulevard. 2nd Floor Ozone Park, New York 11416 □ CSE 5 (Districts 19, 23, 32) Email: CSE5PNI@schools.nyc.gov Address: 1665 St. Marks Avenue Brooklyn, New York 11233	□ CSE 6 (Districts 17, 18, 22) Email: CSE6PNI@schools.nyc.gov Address: 5619 Flatlands Avenue Brooklyn, New York 11234 □ CSE 7 (Districts 20, 21) Email: CSE7PNI@schools.nyc.gov Address: 415 89th Street Brooklyn, New York 11209 □ CSE 8 (Districts 13, 14, 15, 16) Email: CSE8PNI@schools.nyc.gov Address: 131 Livingston Street, 4th Floor Brooklyn, New York 11201 □ CSE 9 (Districts 1, 2, 4) Email: CSE9PNI@schools.nyc.gov Address: 333 7th Avenue, 4th Floor New York, New York 10001 □ CSE 10 (Districts 3, 5, 6) Email: CSE10PNI@schools.nyc.gov Address: 388 West 125th Street New York, New York 10027 □ CSE 11 (District 31) Email: CSE11PNI@schools.nyc.gov Address: 715 Ocean Terrace, Building A Staten Island, New York 10301
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THIS CONSENT FORM IS ONLY FOR FAMILIES THAT RESIDE IN NEW YORK CITY AND WHOSE CHILD(REN) WILL ATTEND A NONPUBLIC SCHOOL OUTSIDE OF NEW YORK CITY.

Informed Consent to Release Personally Identifiable Information and School Records

I, _____, parent/guardian of _____, give my consent for the District of Residence and District of Location to release my child's personally identifiable information and/or school records for the purpose of planning and arranging for the provision of special education services in the **2027-28 school year** (September 1, 2027 through June 30, 2028).

Student Name: _____

Date of Birth: _____

Grade: _____

Private School Attending: _____

School District in which the Nonpublic School is Located: _____

Student's School District of Residence: New York City Public Schools

This parental consent authorizes the release of the following information:

☐ Demographic Information	☐ Medical Records
☐ Educational Evaluations	☐ Speech Evaluation/Reports
☐ Occupational/Physical Therapy Reports	☐ Vision Evaluation/Reports
☐ Individualized Education Program	☐ Counseling Reports
☐ Individualized Education Service Plan	☐ All Related Service Evaluations/Reports
☐ 504 Plan	☐ Other - Specify _____
☐ Psychological Evaluation/Reports	☐ All of the Above Records

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

PLEASE RETURN THIS CONSENT FORM BEFORE JUNE 1, 2027