Chattahoochee County School System
Department of Special Education

Gina Cox, Director of Special Education
706-989-3243

Registration Information

Has your child been receiving **special education services?**

_____yes **_____no**

If, so in what areas was your child receiving these services?

_____learning _____behavior _____health impairment

_____speech/language _____not sure

If you answered yes, please ask the person assisting you in the registration process for paperwork to be signed and provide the following information:

Student's Name: _____ Grade: _____

Parent's Name: _____ Contact Phone Number: _____

The forms that you will be signing consist of the following:

1) **Permission to evaluate** which is required in order for the Chattahoochee County School System to evaluate your child as needed for his or her special education services.
2) **Permission to place** which is required in order for the Chattahoochee County School System to provide the needed special education services for your child.

You are also being given a copy of your parental rights in special education. Please read these and contact the special education department if you have any questions or concerns.

Thank you for your cooperation and we welcome you and your child (ren) to the Chattahoochee County School System.