

NOTICE OF INVITATION TO COMMITTEE MEETING REPLY

Name of Child	Purpose of Meeting	Date Sent/Given
Date of Scheduled Meeting	Location of Meeting	Time of Meeting

Please verify your response below and return to the person listed at the bottom of the page within five (5) days.

- I will attend the meeting at the scheduled time.
- I want to come, but I cannot attend the meeting at the scheduled time. Please contact me at (Telephone number) _____ to make other arrangements. I am available for the following:
- | | |
|---------|---------|
| Date(s) | Time(s) |
| | |
| | |
- I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at (Telephone number) _____ at the scheduled meeting time or at the following times/date(s):
- | | |
|---------|---------|
| Date(s) | Time(s) |
| | |
| | |
- I will not be attending the meeting and you have my permission to proceed in my absence. I understand that I will receive a copy of the committee recommendations.

Parent Signature Date

Please return this form to:

NAME & TITLE: _____

SCHOOL: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

RECEIPT VERIFICATION:

Method of Verification	Date Verified	By Whom?