



Greenville Public School District
Office of Special Services

430 N. Martin Luther King, Jr. Blvd.
Greenville MS 38701

Ph. (662) 334-2862 Cell (662) 820-6966 Fax (662) 334-6598

Dr. Janice McKinnie Monroe, Director

REFUSAL OF SPECIAL SERVICES

Name of Student: _____ School: _____

- (1) My signature below indicates that I have been contacted concerning services offered to my child (named above); however, at this time, I feel that my child does not need these services, and hereby decline them.

- (2) It has been explained to me that, should I reconsider my child's needs and decide to accept services for our child, he/she will be eligible **until the following date:**

(Date three years from date of PPDS ruling)

- (3) If I should change my mind, I realize that I must notify the Office of Special Services before that date.

Parent(s)/Guardian(s) Signature(s): _____

Date of Refusal: _____

Case Manager: _____

Director of Special Services: _____

REFUSAL OF SPECIAL SERVICES

