



Brantley County Board of Education  
Department of Special Education  
272 School Circle  
Nahunta, Georgia 31553  
Phone: (912) 462-6612 Fax: (912) 462-6119

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**PARENTAL CONSENT FOR DISMISSAL  
FROM SPECIAL EDUCATION**

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

School: \_\_\_\_\_

As a result of recent evaluations and needs assessment, the Placement Committee recommends that your child \_\_\_\_\_ should be dismissed from the \_\_\_\_\_ program. Please sign this form giving your consent for your child to be dismissed from this program.

If you disagree with this recommendation, please check this form and return it to the school.

**YES**, I agree to have my child removed from the special education program.

**NO**, I do not agree to have my child removed from the special education program.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date