



DR. FRANCINE ENDLER

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CENTRAL INTERMEDIATE UNIT 10, 200 SHADY LANE, SUITE 100, PHILIPSBURG, PA 16866

**PERMISSION FOR
ENROLLMENT CONTINUATION
NONPUBLIC AUXILLARY PROGRAM**

Please sign and return this form to the school.

Student First and Last Name _____

Parent/Guardian Name _____

Date _____

Street Address/Box No. _____

Email Address _____

City _____

State _____

Zip Code _____

Phone _____

Preferred Method of Contact: Phone Text Email

Dear _____,

Upon review of student data, it is recommended that _____
be enrolled/continued in the _____ Auxiliary Service program.

The program is operated through the Central Intermediate Unit 10 as a supplemental service to the nonpublic schools.

Student current grade _____

Any allergies or other information you would like to share with your child's IU service provider _____

Please indicate below your approval or disapproval of this recommendation.

- I approve this recommendation
 I disapprove this recommendation
 I am requesting a conference

Before this recommendation is implemented, you may request a conference to discuss the program.

My reasons for disapproving include: _____

Date

Parent/Guardian Signature

School Administrator Signature

School Name

For further information, please contact: _____

CIU 10 Service Provider Name, Role, email