

(Insert Agency Logo Here)

Parental Choice - Voluntary Family Request for Changes to Services

Family Name: _____

Date that change is being requested: _____

Child which change is being requested for: _____

Type of change being requested: _____

Description of change being requested:

I attest that the above disclosure and request for change in service is being made *voluntarily* and that I am exercising my *parental choice* privilege in doing so. I certify that the above information is true and accurate and I understand that all information is confidential and available only to the Alternative Payment staff, California Department of Education, and audit personnel.

Parent Name (Print) Parent Signature Date

Case Worker (Print) Case Worker Signature Date