The New LIFE School
Strengthening Lives, Families, Communities

Intermediate School And High School
831 Eagle Avenue
Bronx, NY 10456
P:(718) 665-2760
F: (718) 665-2761

C.B.S.T : ACCEPTANCE LETTER

Date:_____
District:_____CSE:_____

Student's Name:_____
DOB:_____
OSIS#_____
Home Address: _____
_____

_____
Case Manager
Central Based Support Team
1780 Ocean Avenue, 4th floor
Brooklyn, NY 11230

The above named child has been accepted into the New LIFE School upon referral to us from the CBST office. We have completed our Intake Process and believe that we can offer a suitable and appropriate educational program for the above named child. This child has been enrolled in our school program effective today and we anticipate attendance as of _____.

The student will be placed in class # _____, which has a maximum class size/staffing ratio of 12:1:1 and conforms to the requirements of the current IEP. I understand that the class register may not exceed the maximum class size unless a variance has been requested and approved by the State Education Department. If a variance request has been submitted to the State for this class, a copy is attached to this acceptance letter.

The current age range in this class is from ___to ___ and students all have similar management needs, exhibit similar physical and social development levels as well as functional levels of performance. Should it become necessary to change the class assignment prior to SED approval, we will notify you as well as the State Education Department.

[ ] Yellow School Bus Transportation is required,
Please process OPT form immediately

[ ] Yellow School Bus Transportation is not required
Student will use public transportation

Related Service(s) as indicated on the current IEP will be provided as follows:

Services Recommended	Sessions per week	Minutes per sessions	Max. Group Size
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This letter confirms the New LIFE School's ability to provide the above mentioned services as mandated on the student's current IEP dated _____.

If there are any questions concerning this student's admission, please call me at (718)-665-2760

Sincerely,

Ms. Rachel Levine-Kornfeld, LCSW
School Principal

I authorize the New LIFE School to provide educational Services to my child starting on the date noted above. I understand That by signing this form I agree not to enroll my child in any NPS.

_____
Signature of Parent/Guardian Date signed

cc. CBST
SED/OSES, District of Service/ District of Residence

Educating children in time to make a difference.