

# George Wythe High School

#1 Maroon Way

Wytheville, VA 24382

Phone: (276) 228-3157 Fax: (276) 228-4124

## DOCUMENTATION OF PRIOR SPECIAL EDUCATION SERVICES

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby

Affirm that the student named above **WAS / WAS NOT** (circle one) identified as a student with disabilities (IEP/504 plan) at his/her previous school, \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date