



**C.B.S.T : ACCEPTANCE LETTER**

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

Date: \_\_\_\_\_  
 District: \_\_\_\_\_ CSE: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 OSIS# \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_

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:

<u>Services Recommended</u>	<u>Sessions per week</u>	<u>Minutes per sessions</u>	<u>Max. Group Size</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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,

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.

Ms. Rachel Levine-Kornfeld, LCSW  
 School Principal

\_\_\_\_\_  
 Signature of Parent/Guardian      Date signed

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