

**Rockingham County Schools**  
**Parentally-Placed Private/Home School Request for Services Form**

Child's Name: _____	DOB: _____
Parent's Name: _____	Phone: _____
Home Address: _____	
Child's Primary area of disability: _____	
Date of most recent evaluation: _____	
Has your child received previous therapy or special education services? _____	
If so, where? _____	
Parent's concerns: _____ _____	
Other information relevant to your child's needs: _____ _____	

Fax to: (336) 627-2660  
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EC Department  
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Eden, North Carolina 27288