NEW HAMPSHIRE STATE DEPARTMENT OF EDUCATION  
BUREAU OF STUDENT SUPPORT

*NEW STUDENT ENROLLMENT:*

*EXCEPTION TO THE 60-DAY TIMELINE*

Exception to the 60-day timeline may be made when a child enrolls in a school of another district after the timeframe for initial evaluations has begun, and prior to a determination by the child’s previous district as to whether the child is a child with a disability.

District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student SASID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates shown in NHSEIS:

Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent consent to evaluate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date enrolled in your district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide us with a copy of the student history page from NHSEIS for this student.**

If this student enrolled in your district after the initial evaluation began at another district, this student may be removed from your district count.

If this student enrolled in your district before the initial evaluation began, please do not submit this form or other documentation. The NHDOE will not be able to remove the student from your district count.

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Special Education Director or Designee Date

Please return to: Brandy Pappas

**Postal addressed to:**  **Email: Brandy.A.Pappas@doe.nh.gov**

NHED Attn: Brandy Pappas *\*REDACT all personally identifiable student*

Attn: Brandy Pappas *information, i.e. – student name, address, D.O.B.*

25 Hall Street *disability, picture, grade, etc.\**

Concord, NH 03301 **ONLY WRITE THE LAST 4-DIGITS OF THE SASID#.**