

NEW YORK STATE EDUCATION DEPARTMENT (NYSED)

**APPLICATION FOR ADMINISTRATIVE REVIEW OF A CLAIM FOR PAYMENT FOR A
NONRESIDENT PARENTALLY-PLACED NONPUBLIC SCHOOL
STUDENT WITH A DISABILITY**

In accordance with section 177.2(b)(4) of the Regulations of the Commissioner of Education, a school district of residence may submit an application for administrative review by NYSED when it disputes the amount of the charges claimed by the school district where a nonpublic school is located for a nonresident student.

An application for administrative review by NYSED cannot be submitted for disputes of a student's residency nor for disputes regarding the type or amount of special education services provided to the student pursuant to the student's individualized education services program (IESP) determined by the Committee on Special Education (CSE) of the school district where the nonpublic school is located.

Filing Deadlines

The application for administrative review must be submitted not later than one year from the date of receipt of the claim or 30 days after final residency determination, whichever occurs later.

Directions

1. Complete the attached application.
2. Attach a copy of the charges by the school district where the nonpublic school is located that are being disputed.
3. Submit a signed original and a copy of the Application and required attachment(s) to:

New York State Education Department
STAC, Special Aids and Medicaid Unit
Education Building - Room 514W
89 Washington Avenue
Albany, NY 12234
Fax: (518) 402-5047



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Student Identifying Information
Name of Student:
Date of Birth:
Address of Student's Permanent Residence:
School District of Student's Residence
Name:
Address:
BEDS Code:
School District Where the Nonpublic School is Located
Name:
Address:
BEDS Code:
Nonpublic School Student Attended
Name of School:
Address of Nonpublic School:

Date the district of residence received the claim for costs by the school district where the nonpublic school is located: _____

Costs claimed by the District of Location that are being disputed:

Evaluation(s):

Amount of cost in dispute:

Reason:

Special Education Services:

Amount of costs in dispute:

Reason:

Committee on Special Education (CSE) Administrative Costs:

Amount of costs in dispute:

Reason:

Provide documentation of the district of residence's attempts to resolve the dispute prior to submission of this application for administrative review by NYSED (Attach additional pages as necessary).

Application submitted by: _____

Date: _____

For NYSED Use:

Date application received: _____
Date and type of documentation requested from the district of location: _____
Date documentation received from the district of location: _____
NYSED determination of dispute: _____