

Parent Notification and Consent to Determine Eligibility for Section 504 Accommodations

Date of Referral: _____

Student: _____

School: _____

Date of Birth: _____ Gender: _____ Grade: _____

Mailing Address: _____
(P.O. Box/Street #) (City) (Zip)

Home Phone #: _____ Work #: _____ Cell #: _____

Parent/Guardian: _____

Teacher/Counselor: _____

YES NO I have received and understand my *Procedural Safeguards and Parent Rights*.

YES NO I give consent to have my child evaluated.

Parent/Guardian Signature: _____

Date: _____

Please return this permission form to: _____
Section 504 Coordinator