

[School District]
Parental Consent for Initial Section 504 Placement

Student's Name: _____ DOB: _____ Age: _____
School: _____ Grade: _____
Parent/Guardian: _____
Case Manager/Contact Person: _____

Date

Dear _____,

The 504 Team has found that your child, _____, qualifies as a student with a disability under Section 504. A 504 Plan will be developed to meet his/her individual educational needs annually. You must give your written consent before the District may place your child in the 504 system and implement a 504 Plan. Please indicate below whether or not you consent to the initial placement of your child in Section 504.

- Yes, I consent to placement of my eligible child in the Section 504 system and implementation of a 504 Plan.
- No, I do not consent to placement of my eligible child in the Section 504 system or to implementation of a 504 Plan.

Parent Signature

Date