

SAU 24

Parental Consent for Initial Section 504 Placement

Student's Name:	DOB:	Age:
School:	Grade:	
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. We are seeking your written consent before the District places your child in the 504 system and implements a 504 Plan. Please indicate below whether or not you consent to the initial placement of your child in Section 504. If you decline consent, please notify the school district in the future should you change your mind.

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 and implementation of a 504 Plan.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date