

Parental Consent to Provide Section 504 Services

	Date: _____
Student: _____	
School: _____	SSID: _____
Grade: _____	DOB: _____

I have been provided a copy of the Section 504 Plan for my student, as well as Notice of Parent Rights under Section 504. I understand my rights and the offer of services in the 504 Plan.

- ☐ I CONSENT to my student's receipt of services offered in the attached Section 504 Plan.
- ☐ I DENY CONSENT for my student to receive services offered in the attached Section 504 Plan.

Parent / Guardian

Name: _____	
Signature: _____	Date: _____
Phone: _____	Email: _____

Enclosure: Notice of Parent/Student Rights, Student 504 Plan