**Enter LEA Name Here**

 **Parental Consent to Provide Section 504 Services**

|  |  | **Date:** | Enter date |
| --- | --- | --- | --- |
| **Student:** | Enter name |  |  |
| **School:** | Enter name of school | **SSID:** | Enter state student ID number |
| **Grade:** | Enter grade | **DOB:** | Enter date of birth |

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:** | Enter name |
| --- | --- |
| **Signature:** |  | **Date:** | Enter date |
| **Phone:** | Enter phone number | **Email:** | Enter email address |

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