INITIAL SECTION 504 PLAN CONSENT

_____ **LEA Name**

Student Full Name_____ Date_____

School_____ Date of Birth_____

Parent(s)/Guardian(s)_____ Grade_____

Address_____ WVEIS #_____

City/State/Zip_____ Telephone_____

□ I do give permission for the student to receive the accommodations and/or services described in this plan.

□ I do not give permission for the student to receive the accommodations and/or services described in this plan.

Parent/Guardian/Adult Student Signature _____

DATE Signed _____