

**INITIAL SECTION 504 PLAN CONSENT**

\_\_\_\_\_ **County Schools**

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 \_\_\_\_\_