

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 _____