

**Section 504 Notice of Conference / Parent Response**

Student Name		Date of Birth
Date:	School & Grade:	
Parents/Guardians:		Phone
Parents/Guardians Address:		

**This is to confirm our arrangements for a 504 Conference for the following student:**

Student Name (Last/First/Middle)		
School:	Birth date:	Grade:
Meeting Date:	Time:	Place:

- Initial Conference
- Manifestation Determination
- Annual Review
- Re-Evaluation

The purpose of this meeting:

- Discuss results of evaluation/Section 504 Eligibility
- Review instructional progress
- Review of placement
- Discuss misconduct/infraction of school as it relates to disability
- Other (specify) \_\_\_\_\_

Please complete this page and return in the enclosed envelope by: \_\_\_\_\_  
 (date)

to: \_\_\_\_\_  
 (name/address)

- I will attend the Section 504 Conference Committee Meeting.
- I will **not** attend the Section 504 Conference Committee Meeting, but I would like you to continue the process and send the paperwork to my home address.

You may also request that specific additional school personnel attend or bring any additional persons to this meeting.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date