



DE LA SALLE COLLEGIATE

Academic Merit Scholarship Exam

Accommodations Request Form

Parents: Please complete the first page of this document and return both pages to your child's school. Please submit this form to your child's school by **Friday, November 1, 2020**.

To: _____
ELEMENTARY/MIDDLE SCHOOL NAME

I, _____, am the parent of _____
PARENT NAME *STUDENT NAME*

My child will be taking the De La Salle Collegiate Academic Merit Scholarship Exam and I am requesting that my child be provided an accommodation for a pre-existing disability that qualifies for accommodation.

Pre-existing disability: _____

Accommodation(s) requested: _____

I hereby AUTHORIZE: _____
ELEMENTARY/MIDDLE SCHOOL NAME

to provide information to: **De La Salle Collegiate** to verify my child's eligibility for accommodation for the Academic Merit Scholarship Exam based on my child's disability and release _____ from any liability for providing this information.
ELEMENTARY/MIDDLE SCHOOL NAME

STUDENT NAME: _____

PRINT PARENT NAME: _____

Signed: PARENT NAME: _____

DATE: _____



DE LA SALLE COLLEGIATE

**VERIFICATION OF ELIGIBILITY FOR ACADEMIC MERIT SCHOLARSHIP EXAM
IEP/ACCOMMODATION FORM**

TO:

De La Salle Collegiate
Office of Admissions
14600 Common Road
Warren, MI 48088
586-541-6220
admissions@delasallehs.com

_____ has an IEP/accommodation plan on file with this school.
STUDENT NAME

Based on the information in this plan, _____ is eligible for the following
STUDENT NAME

accommodation(s) when taking tests:

DATE OF IEP/BUILDING/ACCOMMODATION PLAN: _____

ACCOMMODATION(S): _____

Signed: _____
SCHOOL REPRESENTATIVE

Print Name: _____

Title: _____

Phone #: _____ Email: _____

Please mail or email this form to De La Salle Collegiate no later than **Friday, November 15, 2020**

ELEMENTARY/MIDDLE SCHOOL NAME/ADDRESS:

