



Section 504 Due Process Hearing Request

Student's Name: _____ Date of Birth: _____

Student's Address: _____

School: _____

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Parent/Guardian's Phone Number(s): _____

I am requesting that a Section 504 Due Process Hearing be scheduled regarding the following issues:

Section 504 identification: _____

Section 504 evaluation: _____

Section 504 placement: _____

Parent/Guardian/Authorized Representative

Signature Date

Return this form by email to:

Dr. John McKinney

Director of Student Services

Shawnee Mission School District

johnmckinney@smsd.org