Manchester Public Schools
45 North School Street
Manchester, Connecticut 06042

NOTICE AND CONSENT FOR PLACEMENT ON SECTION 504 AND FOR THE PROVISION OF SECTION 504 ACCOMMODATIONS/SERVICES (504/6)

Date: _____

Dear _____

Your child, _____ (Student Name), _____ (Student Date of Birth)
Has been evaluated and has been found eligible under Section 504. Prior to the implementation of Section 504 placement, and the provision of accommodations/services under Section 504 (as described in the Section 504 Plan attached hereto), the district requires your consent.

PARENTAL CONSENT

☐ **I give my consent** for the Manchester Public Schools to place my child on a Section 504 plan as described in the Section 504 Plan attached hereto. I understand that this consent may be revoked at any time.

_____ _____
Parent/Guardian Signature Date

☐ **I do not give** my consent for the Manchester Public Schools to provide the accommodations/services described in the Section 504 Plan attached hereto.

_____ _____
Parent/Guardian Signature Date

Included with this form are:

- ☐ The Section 504 Plan developed at the Section 504 meeting on _____.
- ☐ Your Notice of Rights Under Section 504.