

Walton County School District
SECTION 504 REQUESTS FOR HEARING

DATE: _____ **STUDENT'S NAME:** _____

SCHOOL: _____ **GRADE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____

Contact Information of Parent or Guardian

Name of Parent or Legal Guardian: _____

Address (if different than student's address) _____ Zip _____

E-mail: _____ ☐ Check here to receive Hearing notification by e-mail

Telephone: (All calls will be made between 8 AM and 4:30 PM. Please check the box next to your preferred contact number)

☐ Home: () _____ ☐ Cellular: () _____

☐ Work: () _____ ☐ Other: () _____

Problem and Proposed Solution to the Described Problem

If more space is needed, attach additional paper.

Describe the action/inaction regarding the identification/evaluation/educational placement under Section 504 that you disagree with: _____

Explain your reason for wanting the action/inaction reviewed: _____

Describe your proposed solution to the above problem: _____

Was a Mediation meeting offered? ☐ Yes ☐ No. If yes, did you participate in Mediation? ☐ Yes ☐ No
(NOTE: Participation in Mediation is not required prior to Requesting a Hearing.)

Signature of Person Completing this form

Date

Relationship to student: ☐ Parent/Guardian

☐ Other: _____

(If Other, provide the following required **Contact Information**)

Name: _____ E-mail: _____

Address: _____ Zip _____

Telephone number: _____

Return this form to: Dr. Donna Major, District Student 504 Coordinator
Walton County School District
200 Double Springs Church Road, Monroe, GA 30656
Phone: 770-266-4482 FAX: 770-266-4485