



Section 504 Due Process Hearing Request Form

*Required Field/Section

Section 504: Parent Handbook

*PARENT INFORMATION:

*NAME: First and Last	
*ADDRESS:	
HOME/CELL PHONE:	
WORK PHONE:	
E-MAIL:	

*PARTIES TO BE NAMED:

*DISTRICT OF RESIDENCE: (required)	
*ADDITIONAL PARTIES: (required)	
(Any other school district, including school of attendance, or public agency that is responsible for providing services that should be a party in the mediation and hearing.)	

*REQUESTING PARTY (Select One):

<input type="radio"/> PARENT	<input type="radio"/> PARENT REPRESENTATIVE
<input type="radio"/> e3 CIVIC HIGH	<input type="radio"/> e3 REPRESENTATIVE
<input type="radio"/> OTHER AGENCY	

If the requesting party is not the parent, please complete the following:

NAME:	
ADDRESS:	
ORGANIZATION	
PHONE	
EMAIL	

***BRIEF SUMMARY OF REASON FOR REQUEST:** Describe the nature of the problem including all facts relating to the problem.

***PROPOSED RESOLUTION OF THE PROBLEM STATED ABOVE**