

Initial as completed  
\_\_\_\_ 2 copies sent to Parent  
\_\_\_\_ 1 copy signed and returned

**[Use this form to document parental consent for Section 504 services, as well as a parent's Refusal to Consent to initial services and Revocation of Consent for continued services]**

### Parental Consent for Section 504 Services

<b>Date Sent/Mailed:</b>	<b>Student's Name:</b>	
Campus:	Grade:	Student ID #:
Parents:		
Address:		
Home Phone:	Work Phone:	

#### Parent Consents to Section 504 Services.

I have been provided a copy of the Section 504 Student Services Plan for my Student together with Notice of my Parent Rights under Section 504. I understand my rights and the offer of services in the Services Plan.

\_\_\_\_ I CONSENT to my Student's receipt of services offered in the attached Section 504 Student Services Plan.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Date

#### Parent Refuses Consent or Revokes Consent for Section 504 Services.

I have been provided a copy of the Section 504 Student Services Plan for my Student together with Notice of my Parent Rights under Section 504. I understand my rights and the offer of services in the Services Plan. I understand that the District will assume that I consent to my Student's receipt of Section 504 Services as indicated on the attached Section 504 Student Services Plan unless I indicate my refusal to consent or revocation of consent on this form, sign this form, and return this form to \_\_\_\_\_. (Coordinator named below).

\_\_\_\_ I REFUSE CONSENT for my Student's receipt of services offered in the attached Section 504 Student Services Plan. (Initial provision of Section 504 Services).

\_\_\_\_ I REVOKE CONSENT for my Student's continued receipt of services offered in the attached Section 504 Student Services Plan. (Student is currently receiving Section 504 Services).

I understand that because I have refused consent for Section 504 services or revoked consent for continued Section 504 services, the attached Section 504 Student Services Plan will not be distributed to school staff, and that the services and accommodations listed on the Plan will not be implemented for my Student.

I understand that the school's offer of a Section 504 Student Services Plan remains open to me as long as my child remains eligible for services under Section 504, and that at any time I can provide consent for my Student's receipt of services by contacting the District's Section 504 Coordinator \_\_\_\_\_ (name) at \_\_\_\_\_ (phone) to schedule a Section 504 Committee meeting.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Date

The parent has made clear his/her refusal to consent to the initial provision of Section 504 Services or revocation of consent for continued Section 504 Services, but refuses to sign. The employee signature is provided by a witness to that refusal or revocation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date