ROWAN COUNTY SCHOOL DISTRICT

CONSENT FOR SECTION 504 ELIGIBILITY EVALUATION

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of parent or a legal guardian) (Student’s Name and Date of Birth)

\_\_\_\_\_ Voluntarily grant permission

\_\_\_\_\_ Permission is denied

for evaluation of the named student for eligibility for a Section 504 plans by Rowan County Public School District staff or individuals performing services for Rowan County School District.

I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate box above.

\_\_\_\_\_\_ Effective Communication Needed for the Parent (Specify)

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\_\_\_\_\_\_ I have received a written copy of the Section 504 Parent Rights Statement and fully understand those rights, or have had those rights explained to me by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I certify the I am the parent or legal guardian having custody of the student named above, or that I am the student above and am least 18 years of age and have no court appointed legal guardian.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent, Guardian, or Student)