

**Wells-Ogunquit CSD**  
**Parental Consent for Initial Section 504 Placement**

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Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Case Manager/Contact Person: \_\_\_\_\_

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\_\_\_\_\_  
Date

Dear \_\_\_\_\_,

The 504 Team has found that your child, \_\_\_\_\_, qualifies as a student with a disability under Section 504. A 504 Plan will be developed to meet his/her individual educational needs annually. You must give your written consent before the District may place your child in the 504 system and implement a 504 Plan. Please indicate below whether or not you consent to the initial placement of your child in Section 504. You can withdraw your consent in writing at any time.

- Yes, I consent to placement of my eligible child in the Section 504 system and implementation of a 504 Plan.
- No, I do not consent to placement of my eligible child in the Section 504 system or to implementation of a 504 Plan.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date