

Royal School District No. 160

901 Alhers Road ♦ PO Box 486 ♦ ROYAL CITY, WA ♦ 99357 ♦ P: 509.346.2222 ♦ F: 509.346.8746

WWW.ROYALSD.ORG

Parent Consent for Section 504 Evaluation

Parent Consent (Only required for initial evaluation and initial placement.)

Student's name: _____ DOB: _____

Student School ID No. _____

- ☐ Yes, I do consent to an initial evaluation for my child.
- ☐ No, I do not consent to an initial evaluation for my child.

- ☐ Yes, I do consent to a re-evaluation for my child.
- ☐ No, I do not consent to a re-evaluation for my child.

- ☐ Yes, I do consent for initial placement for my child for a Section 504 plan.
- ☐ No, I do not consent for initial placement for my child for a Section 504 plan.

- ☐ A Copy of Section 504 Notice of Parent/Guardian and Students Rights were given to parent/guardian on this date.

Signature: _____ Date: _____
parent/adult student/guardian

Signature: _____ Date: _____
parent/adult student/guardian

Section 504 Coordinator: _____ Telephone: _____
Printed Name

- Copies to:
- 1) Parents/adult student/guardian
 - 2) School Section 504 file
 - 3) District Section 504 coordinator

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