

## Section 504 Due Process Hearing Request Form

**Contact Person:** Adam Busch, Director of Student Services

Phone: (515) 278-0470

Student's Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

What is the nature of the problem? (You may list more than one problem).

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(Use additional pages if necessary)

Proposed Solution: Describe the actions or services that you believe will resolve the issue(s).

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(Use additional pages if necessary)

Signature of Individual Submitting Request: \_\_\_\_\_

Date: \_\_\_\_\_

Please print name here: \_\_\_\_\_

Phone: \_\_\_\_\_

Please Return This Form to the School District's Section 504 Coordinator, Adam Busch.

Email to: adam.busch@johnston.k12.ia.us

Mail to: Adam Busch, Johnston District Office, P.O. Box 10, Johnston, IA 50131

Drop off at: %Adam Busch 6510 NW 62nd Ave., Johnston, IA 50131