

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).

(Use additional pages if necessary)

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

(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