

Manchester Public Schools  
45 North School Street  
Manchester, Connecticut 06042

**NOTICE AND CONSENT FOR PLACEMENT ON SECTION 504 AND  
FOR THE PROVISION OF SECTION 504 ACCOMMODATIONS/SERVICES (504/6)**

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

Dear \_\_\_\_\_

Your child, \_\_\_\_\_, \_\_\_\_\_  
Student Name Student Date of Birth

Has been evaluated and has been found eligible under Section 504. Prior to the implementation of Section 504 placement, and the provision of accommodations/services under Section 504 (as described in the Section 504 Plan attached hereto), the district requires your consent.

**PARENTAL CONSENT**

- I give my consent** for the Manchester Public Schools to place my child on a Section 504 plan as described in the Section 504 Plan attached hereto. I understand that this consent may be revoked at any time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

- I do not give** my consent for the Manchester Public Schools to provide the accommodations/services described in the Section 504 Plan attached hereto.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Included with this form are:

- The Section 504 Plan developed at the Section 504 meeting on \_\_\_\_\_.
- Your Notice of Rights Under Section 504.