

**ALBUQUERQUE PUBLIC SCHOOLS
REQUIRED PARENT NOTICE/PERMISSION
SECTION 504 STUDENT ELIGIBILITY CONFERENCE**

Date of Notice: _____

PARENT/GUARDIAN: _____

Student's Name: _____

Birthdate: _____

Student ID #: _____

School: _____

The Section 504 eligibility committee met on _____ to determine whether your child would be eligible for accommodations under Section 504. It was determined that your child is eligible under 504 and will receive a 504 Accommodation Plan (attached). The services/accommodations listed will be provided to your child starting _____.

PAREN/GUARDIAN:

I, _____, as this student's parent/guardian,

give do not give permission for my child to receive the accommodations described.

Signed: _____ Date: _____

If you have any questions or concerns about this conference or need more information, please contact

_____ Date: _____.

Required Copies: Parents/Guardian
 Student's Teacher (s)
 504 Committee
 Student Cumulative Folder
 APS Service Center