

Invitation to 504 Meeting

Date of Invitation: _____ Dear Parent/Guardian of _____,

You are invited to attend a Section 504 meeting. The purpose of this meeting is to determine if your child is eligible or continues to be eligible to receive special accommodations/services under Section 504 in order that he/she can have access to and receive an appropriate education.

The Section 504 team would appreciate parental input and participation in working to meet your child's educational needs. You are invited to attend our Section 504 meeting for your child at:

(location)	(date)	(time)

Please sign and return this form to your child's teacher. If you have any questions regarding this meeting, please call me at _____.

Sincerely,

Section 504 Coordinator

PLEASE FILL-OUT, SIGN & RETURN THE BOTTOM PORTION TO SCHOOL:

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Parent/Guardian Name:		School:	
Child's Name:		Phone Number:	
Email:	Child's Grade:	Child's Date of Birth:	

_____ I will be present for the scheduled meeting.

- _____ I am unable to attend the scheduled meeting; however I do wish to participate. Please contact me by phone to discuss alternative options.
- I am unable to come to any meeting. Please contact me by phone to discuss alternative options.

The best way to contact me is: ____Phone ____Email

Parent/Guardian Signature	Da	ate:
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