



**GRAND BLANC COMMUNITY SCHOOLS**

**SECTION 504 – PARENT CONSENT FORM**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School Building Attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**CONSENT FOR SECTION 504 EVALUATION**

I understand that my child has been referred for an evaluation under Section 504. The evaluation will draw upon information from a variety of sources, which may include, but is not limited to: a school record review, observations of the student, parent/child/teacher input or interviews, assessments, and other relevant information. The purpose of the evaluation is to determine whether my child is eligible for services under Section 504.

**(Check all that apply)**

- I have received a copy of the Section 504 Notice of Procedural Safeguards.
- I consent to the Section 504 Evaluation
- I do not give permission for the Section 504 evaluation.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Please return this form to:**

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**For School Use Only**

**Date consent form received by School District:** \_\_\_\_\_