

ORLEANS PARISH SCHOOL BOARD
Section 504
Removal from Section 504 Services by Parent

Date: _____

Student Name: _____

DOB: _____

School: _____

It is my decision to revoke consent for my child to receive Section 504 services. I have received a copy of my rights and grievance procedures.

I understand that my child will no longer receive the accommodations as indicated on his/her IAP including the accommodations implemented during standardized testing.

I understand that my child will receive the same educational services and interventions available to any student in the general education program and will be treated as a general education student, including any disciplinary proceedings.

I understand that my child will no longer be provided additional disciplinary protection should he/she behave in a manner that violates school policy or does not follow school rules. Instead, he/she will be disciplined in the same manner as any regular education student.

I understand that the school district will not hold any further IAP meetings for my child.

I understand that the school district is not required to remove references to a Section 504 disability from my child's record.

If I should change my mind, the school district must conduct an initial assessment to determine eligibility for Section 504 services.

Section 504 services for my child will be discontinued on: _____.
Date

Sincerely,

Parent Signature: _____