

**ORLEANS PARISH SCHOOL BOARD
SECTION 504 STUDENT WITHDRAWAL FORM**

Date: _____

To: School: _____

Address: _____

City, State, Zip Code: _____

From: Orleans Parish School Board

School: _____

Address: _____

City, State, Zip Code: _____

Section 504 Designee: _____

Attached is a copy of Section 504 student information the Orleans Parish School Board used to monitor eligible students. We are forwarding this information so that you will have a record of what services _____ received.

Student's Name

Thank you.

c: Student's folder