

REQUEST FOR A SECTION 504 DUE PROCESS HEARING

Student's Full Name: _____ Date of Birth: _____

Student's Address: _____

School/Grade Student Attends: _____

Parent or Guardian's Full Name: _____

Parent or Guardian's Address: _____

Parent or Guardian's Phone Number: _____

I am requesting that a Section 504 Due Process Hearing be scheduled regarding the following issues (please check the box and detail the particular issues involved on the lines provided:

Section 504 identification/evaluation – _____

I declare that the foregoing is true and correct to the best of my knowledge after reasonable diligent inquiry.

Parent/Guardian/Authorized Representative Signature

Date

Return this form by E-mail: [Jeff Siebersma](mailto:Jeff.Siebersma@cherokee.k12.ia.us)

Or mail to: Jeff Siebersma
Cherokee Community School District
600 West Bluff Street
Cherokee, IA 51012