NOTICE OF SECTION 504 MEETING

		Date:
Parent Name:		
Address:	Re:	
Dear		Student Name
		at Date Time
at		Date Time child's life skills and/or health needs
medical reports and school function committee to review, please bring	ning. If you have any medic a copy of it to the meeting er as well as a represen	iew all information available including cal or other information you wish the . The committee is made up of the tative qualified to interpret medical, Parent.
Should you wish to bring individuals	with you, please feel free to o	do so.
district, s/he has the right to a hearing and Privacy Act (FERPA) also specified or guardian the right to: 1) Inspect these records; 3) Receive a list of explanation of any item in the records.	ng with an impartial hearing of fies rights related to education and review his/her child's end f all individuals having accordis; 5) Ask for an amendment	by the professional staff of the school officer. The Family Educational Rights and records. The Act gives the parent ducational records; 2) Make copies of ess to those records; 4) Ask for an to any record on the grounds that it is ring on the issue if the District refuses
		nd decide on your child's educational program will be made without your
If you have any questions before the	above date, do not hesitate	to call.
Sincerely,		
SAT Coordinator	_	
School Name	_	
Telephone Number	_	