

# WARE COUNTY SCHOOL SYSTEM

## Section 504

### Request for Due Process

The Ware County School System complies with all regulations in Section 504 in the Rehabilitation Act of 1973. However, any student, parent, or guardian ("grievant") may request an impartial hearing due to the school system's actions or inactions regarding your *child's identification, evaluation, or educational placement under Section 504*.

Completion and submission of this form indicates that a request for a hearing has been formally requested. To request a hearing, please complete the following information and give this form to the Section 504 Coordinator at your child's school.

Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Student's Residential Address: \_\_\_\_\_

Student's School: \_\_\_\_\_

**Describe the decision that you do not agree with (concerning an action or inaction regarding your child's identification, evaluation, or placement):**

\_\_\_\_\_  
\_\_\_\_\_

**Describe the reason you are requesting a review:**

\_\_\_\_\_  
\_\_\_\_\_

**Please provide a description of your proposed solution to this problem:**

\_\_\_\_\_  
\_\_\_\_\_

Name of person submitting the request: \_\_\_\_\_

Contact information for person submitting the request (address, phone numbers, email):

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature and Title of School Personnel Receiving Complaint Date

THIS FORM SHOULD BE FORWARDED IMMEDIATELY TO THE SECTION 504 DIRECTOR FOR THE WARE COUNTY SCHOOL SYSTEM.

**Important: All sections must be complete.**