**Iredell-Statesville Schools**

**Parental Refusal/Revocation of Consent for Section 504 Accommodation Plan**

Student: Student ID:

School: Date of Birth:

Grade:

**Iredell-Statesville Schools assumes that I consent to the implementation of my child’s Section 504 Accommodation Plan unless I indicate my refusal or revocation of consent on this form and submit this form signed to my child’s school.**

 (parent initials) **I REFUSE CONSENT** for my child to receive services offered through his/her Section 504 Accommodation Plan (Initial provision of Section 504 supports).

 (parent initials) **I REVOKE CONSENT** for my child to continue receive services offered through his/her Section 504 Accommodation Plan (Student is currently receiving Section 504 supports).

I understand that because I have refused consent for Section 504 supports or revoked consent for continued Section 504 supports, my child’s Section 504 Accommodation Plan will not be implemented for my child, and will not be disseminated to staff working with my child. I understand that the district’s offer of a Section 504 Accommodation Plan remains open to me as long as my child remains eligible for services under Section 504 and in need of supports, and that any time I can provide consent for my child’s receipt of services by contacting my school’s Section 504 Coordinator [name] at [phone number]. **I acknowledge that I have received a copy of Parental Rights Under Section 504.**

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Parent/Guardian Signature Parent/Guardian Printed Name Date

The parent has made clear his/her refusal to consent to the initial provision of Section 504 services or revocation of consent for continued Section 504 services, but refuses to sign. The employee signature below is provided by a witness to that refusal or revocation.

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Name Title Date

Copy given/sent to parent(s) by on .