



TORRINGTON PUBLIC SCHOOLS  
NOTICE AND CONSENT FOR PLACEMENT ON SECTION 504 AND  
FOR THE PROVISION OF SECTION 504 ACCOMMODATIONS/SERVICES

Date: \_\_\_\_\_

Dear \_\_\_\_\_

Your child, \_\_\_\_\_, \_\_\_\_\_ has been evaluated and has been  
(student's name) (DOB)

found eligible under Section 504. Prior to the implementation of Section 504 placement, and the provision of accommodations/services under Section 504 (as described in the Section 504 Plan attached hereto), the district requires your consent.

PARENTAL CONSENT

**I give my consent** for the Torrington Public Schools to place my child on a Section 504 plan as described in the Section 504 Plan attached hereto). I understand that this consent may be revoked at any time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**I do not give** my consent for the Torrington Public Schools to provide the accommodations/services described in the Section 504 Plan attached hereto.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Included with this form are:

- The Section 504 Plan developed at the Section 504 meeting on \_\_\_\_\_.
- Your Notice of Rights Under Section 504.