



FREMONT UNIFIED SCHOOL DISTRICT

Notice of Section 504 Meeting

Name of Student (Last, First) _____ Student ID Number _____

Date of Birth _____ Age _____ Grade _____ School _____

Teacher _____

Dear Parent /Guardian:

A 504 team meeting has been scheduled concerning your student, _____.
We are requesting your participation in this meeting, and if you feel it is appropriate, the participation of your student as well. The meeting has been scheduled as follows:

Date: _____ **Time:** _____ **Location:** _____

At the time of the meeting, results of any assessments or other supporting information will be reviewed, and your student's eligibility and need for accommodations will be determined. This meeting will be held in accordance with state and federal regulations.

We anticipate the following school employees will participate in this meeting:

School Administrator/Designee School Nurse School Psychologist School Counselor

Teacher/s: _____

You may bring a representative with you to this meeting or you may designate another person to be your representative if you are unable to attend. For your review, attached you will find a summary of your rights and procedural safeguards. If you would like further information about your rights or the purpose of this meeting, please contact the following:

School Administrator/Designee Name _____ Contact # _____

School Nurse Name _____ Contact # _____

School Psychologist Name _____ Contact # _____

School Counselor Name _____ Contact # _____

Directions to Parent/Guardian:

Please check the appropriate box/es below:

I plan on attending the scheduled 504 team meeting. My student will also be in attendance.

The following person will attend the meeting with me: _____

I designate the following person to represent me at this meeting: _____

I am unable to attend the scheduled meeting. Please contact me at () _____
to reschedule this meeting. I prefer the following date and time: _____.

After signing this document, please return the rest of the packet to your student's school no later than _____.

Signature of Parent/Guardian: _____ Date: _____

OR

Signature of Adult Student, if age 18 or older.



FREMONT UNIFIED SCHOOL DISTRICT

Section 504 Parent/Guardian Rights and Procedural Safeguards

It is the intent of the Fremont Unified School District that students may have a disability under Section 504 of the Rehabilitation Act of 1973 and their parent/guardian be informed of their rights.

The Rehabilitation Act of 1973, which includes “Section 504,” is a nondiscrimination statute enacted by the United States Congress. The purpose of the Act is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to those provided by nondisabled student.

What is Section 504?

Section 504 is a federal law which prohibits discrimination against individuals with a disability in any program receiving federal financial assistance. A student qualifies for a Section 504 Plan if all of the following are true:

- 1) The student has a physical or mental condition that impairs learning or participating in school programs or activities.
- 2) The student’s impairment affects at least one major life activity such as seeing, hearing, eating, sleeping, breathing, speaking, walking, thinking, learning, or working.
- 3) The impairment substantially limited life activity.

Fremont Unified School District has specific responsibilities to identify, evaluate, and determine eligibility under Section 504, and if it deems a student eligible, afford the student access to reasonable accommodations in his/her educational program.

Parent/Guardian Rights

The Family Educational Rights and Privacy Act (FERPA) specifies the following parent/guardian rights to educational records:

- 1) To inspect and review their student’s educational records.
- 2) To make copies of these records.
- 3) To ask for an explanation of any item in the records.
- 4) To ask for an amendment to any report on the grounds that it is inaccurate, misleading, or violates the student’s rights.

Parent/Guardian Right to a 504 Appeal

Concerns regarding students with a 504 plan are addressed first at the site level with the 504 team and the school principal. If the parent/guardian disagrees with the 504 decision, they have the right to a hearing with an impartial hearing officer. **Written** complaints should be addressed to:

**Fremont Unified School District
Office of Student Support Services
Attn: Health Services Coordinator
4210 Technology Drive – Room 160
Fremont, CA 94538
(510) 657-2350, ext. 12487**

Discrimination Complaints

The Fremont Unified School District complies with Section 504 regulations requiring procedures to address allegations of unlawful discrimination and complaints alleging discrimination in District programs and activities.

Steps to be followed for this type of complaint are outlined in BP/AR 1312.1. To request a written copy of the District’s Uniform Complaint Procedure, at no cost, please contact:

**Fremont Unified School District
Office of Human Resources
4210 Technology Drive – Room 110
Fremont, CA 94538
(510) 659-2556**