



HUNTERDON CENTRAL REGIONAL HIGH SCHOOL

504 PARENT REFERRAL FORM

Student's Name: _____ **Date of Birth:** _____

School ID number: _____ **Grade:** _____ **Counselor:** _____

Parent(s) Name: _____ **Phone Number:** _____

Address: _____

1. Describe the nature of the handicap and how the child's current academic program discriminates against the student.

2. Describe how the student's handicap affects a major life activity (such as hearing, walking, seeing, speaking, breathing, learning or working). Please attach any supporting documentation.

3. What, if any, specific accommodations are you seeking?

In order to help the 504 committee evaluate your request, we ask that you return this form with two professional evaluations (one of which is medical) to your child's school counselor.

1. Professional's Name & Title: _____ Phone Number: _____

2. Doctor's Name: _____ Phone Number: _____

Under Section 504 regulations, the district is required to evaluate a student only when it has reason to believe that the child needs Special Education or related services. If the district does not have such a belief, the district is not required to evaluate the student.

Parent(s) Signature: _____ **Date:** _____