

**VASHON ISLAND SCHOOL DISTRICT  
SECTION 504 HEARING REQUEST AND GRIEVANCE REVIEW**

**The parent/adult student or an individual school has a right to initiate a 504 hearing to challenge or to show the appropriateness of a proposal or refusal by the individual school to initiate or change:**

- The identification of the student;
- The evaluation of the student;
- The educational placement of the student; or
- The implementation of a program to provide FAPE to the student.

**INSTRUCTIONS:** 1) Complete the form, giving specific details about why you are requesting a Section 504 hearing. Use additional pages, if necessary, and include and supporting documentation. 2) Sign the form. 3) Return the form to Vashon Island School District, Director of Student Services, 18850 103<sup>rd</sup> Ave SW, Vashon, WA 98070.

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Complainant is: \_\_\_ Student \_\_\_ Student's parent(s) \_\_\_ School \_\_\_ Other

**SUMMARY OF CONCERNS**

---

---

---

---

---

---

---

---

---

---

**Today's Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship to Student**