

# Manchester Public Schools

45 North School Street  
Manchester, Connecticut 06042

## Section 504 Request for Mediation/Hearing (504/11)

*This form is intended to be used if a parent or guardian wishes to pursue mediation or an impartial hearing with respect to the identification, evaluation, or educational placement of his/her child.*

Name of person(s) requesting mediation/hearing:			
Address:			
Telephone Number:		Fax Number:	

I/we request a:		<input type="checkbox"/> MEDIATION	<input type="checkbox"/> HEARING
Concerning Student:		Student Date of Birth:	
Address:			
School Attending:			
The date of the Section 504 meeting at which the parties failed to reach agreement:			

Description of the issues in dispute between the parties:

Proposed resolution or corrective action you wish to see taken with regard to the stated issues:

Signature of Parent/Guardian		Date:	
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