

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
Section 504 Notice of Appeal
Request for an Impartial Due Process Hearing

FORM K

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

Birth Date: _____ **Grade:** _____ **School:** _____

Parent/Guardian: _____

Address: _____

Phone Number: _____ **Email:** _____

Please provide the following information:

| |
|---|
| I disagree with the following decisions made by the District regarding my Student's identification/evaluation/educational placement under Section 504: |
| State the specific issues to be decided at the impartial due process hearing: |
| Describe the relief you are requesting through the impartial due process hearing: (the result you would like if the hearing officer rules in your favor) |

Parent/Guardian Signature _____ **Date:** _____

For Administrative use only:

| | |
|---------------------------|-------------|
| Received by (Name): _____ | Date: _____ |
|---------------------------|-------------|