



**Lincoln County Schools
Section 504 Letter to Parents**

Student: _____ Grade: _____ Date Sent: _____
School: _____

Dear Parent/Guardian:

At some point in your child’s academic career, he/she was identified as having a disability and therefore qualified for protection under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments of 2008. A review of your child’s needs specific to his/her Section 504 identification and Equal Education Opportunity/Accommodation Plan will be scheduled each year. You will receive prior notice of this meeting once it is scheduled, and hopefully you will be able to attend.

In the meantime, if you have any questions or concerns prior to this meeting, please contact:

_____ at _____ or _____
Name of 504 Coordinator phone # email address