

The following records/information/items will be discussed:

The following individuals will be included in the meeting (name and title):

<u>Name</u>	<u>Title</u>	Name	<u>Title</u>

If you have questions, please contact:,

PARENT ACTION	
Parent(s): Please complete this section and return one copy in the enclosed envelope.  1.	
2. I would like my child to attend the 504 Conference Committee Meeting.  I would not like my child to attend the 504 Conference Committee Meeting.	
Parent Signature (or Student, if age 18 or older)	Date