# ROANOKE CITY PUBLIC SCHOOLS

**P.O. BOX 13145 ROANOKE, VA 24031**

**TELEPHONE: (540) 853-2090**

**FAX: (540) 853-1250**

**REQUEST FOR A SECTION 504 IMPARTIAL HEARING**1

## To request an impartial hearing under Section 504, please submit this form to the school division’s Section 504 Coordinator at the following address:

P.O. Box 13145 Roanoke, VA 24031 Fax: (540) 853-1250

**(Please type or write legibly, sign and date)**

1. Child’s Name:

Age: Date of Birth:

1. Child’s Home Address: 2

(City) (Zip)

1. School Child Attends:
2. Name of Parent(s)3 Initiating Hearing: Address:

(City) (Zip)

Telephone Numbers: Home ( ) Office ( )

1. Parent’s (Parents’) Representative, if any (i.e., Attorney, Advocate, etc.)

Name: Address:

(City) (Zip)

Telephone Number:

1 The use of this form is not mandatory; however, much of the information requested by this form is necessary to initiate an impartial hearing.

2 If a homeless child or youth, then provide available contact information.

3 Parent includes student at age 18, if parental rights have been transferred to the student, and any other individual who meets the definition of parent under state law.

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## Description of the nature of the problem (what are the issues; what’s wrong?)

1. Facts relating to the problem (what happened that caused the problem?)
2. A proposed resolution of the problem to the extent known.

**(Please attach additional pages to provide additional information as necessary.)**

## **NOTE**: New issues may not be raised at the impartial hearing that are not raised in this Notice, unless the other party agrees.

**MEDIATION**

Mediation is offered at no cost to the parties. Mediation is encouraged and may be beneficial in your case. Please be advised, however, that mediation is a voluntary system for resolving disputes. Both parties must agree to mediate their issues prior to the initiation of the mediation process. Any request for mediation cannot delay the appointment of a hearing officer or the scheduling of an impartial hearing. Please indicate your decision below concerning your acceptance or rejection of the offer of mediation.

I request mediation. I decline mediation.

Signature of Parent(s) Date