



**ADMINISTRATION**

Dr. John Hakonson, Superintendent  
Mrs. Julie Myers, Curriculum Director  
Mrs. Angela Kovarik, Student Services Director  
Mr. Andrew Welch, Finance Director  
Mrs. Kristi Jergensen, Technology Director  
Mr. Bo Berry, Buildings, Grounds & Transportation Supervisor

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300 S Washington Street P.O. Box 890 Lexington, NE 68850 P: (308)324-4681 F: (308)324-2528

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Date:

**Re: Student Name:** \_\_\_\_\_

Dear

On \_\_\_\_\_ (date) our school district sent you permission forms requesting your consent for the school to determine whether your child has a disability and is therefore eligible for an assistance plan under Section 504 of the Rehabilitation Act. We have not received a response from you to that request.

When a parent fails to respond to a request for consent to such an assessment, the school district is prohibited from treating the student as if he/she has a disability. Therefore, the school district will consider your student to be a general education student subject to the academic and disciplinary rules of the general education population.

Should you wish to discuss this matter further, please contact me at \_\_\_\_\_. I have enclosed a copy of a document that outlines your rights as a parent of a student who may have a disability.

Yours very truly,

Lexington Public Schools  
Enclosure

**Consent to Evaluate  
Under Section 504 of the Rehabilitation Act**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_  
\_\_\_\_\_

I DO  DO NOT  consent to the assessment of my child to determine whether he/she qualifies as a student with a disability under Section 504 of the Rehabilitation Act. I understand that my consent may be revoked at any time prior to the completion of this assessment.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Please return this document to the school district*

**FOR SCHOOL DISTRICT USE ONLY:**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_