

**Lexington City Schools
300 Diamond Street
Lexington, VA 24450
(540) 463-7146**

SECTION 504 REFERRAL FORM

Student: _____ Date of Birth: ___/___/___

Referring Source: _____ School: _____

Relationship to Student: _____

Address: _____

E-mail: _____

Telephone: Home _____ Cell _____ Work _____

Section 504 of the Rehabilitation Act of 1973 is designed to prohibit discrimination based on disability in any program or activity receiving federal funds. This statute obligates public schools to provide equal access and equal opportunity to otherwise qualified persons with disabilities. To be eligible under Section 504, a student must have a physical or mental impairment that substantially limits one or more major life activities. If you suspect that this student may be eligible under Section 504, complete this referral form and submit it to the school's Section 504 Case Manager at the student's school.

Describe the student's impairment and how it appears to substantially limit one or more of the student's major life activities:

Referring Source: _____
Date Name/Position

Signature _____ Date

Referral received: _____
Date Name/Position

Date received by the school's Section 504 Case Manager: _____

Copies to:
Student's file
Section 504 Case Manager
Parent