

Livonia Public Schools

SECTION 504 – MANIFESTATION DETERMINATION  
MEETING NOTICE AND INVITATION

FORM N

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Building Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear

You are invited to attend a Section 504 manifestation determination meeting to review whether your child's misconduct was a manifestation of his/her disability.

The meeting will be held on:

at:

The School District has invited the following persons to attend the meeting:

NAME	POSITION/TITLE

NAME	POSITION/TITLE

You are encouraged to attend this meeting and participate in the decision-making process. If the meeting date or time is not convenient for you, please contact me at your earliest convenience and we will attempt to make other arrangements.

Please contact me if you have any questions.

Sincerely,

Enclosure

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PLEASE RETURN THIS PORTION OF THE FORM IN THE ENCLOSED ENVELOPE

- \_\_\_\_\_ I will attend the Manifestation Determination meeting.
- \_\_\_\_\_ I am not able to attend and request the meeting be rescheduled.
- \_\_\_\_\_ I am not able to attend, but request that the meeting be held without me and that the paperwork be sent to my home address.

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Name (Print)