

## Royal School District No.

901 ALHERS ROAD + PO Box 486 ROYAL CITY, WA ♦ 99357

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WWW.ROYALSD.ORG

## **Section 504 Exit Plan**

Student's name:	DOB:	
tudent School ID No. School:		
Student/Staff/Parent Requesting Exit:		
Student Address:		
Street City The following is recommend for this student:	State	Zip
Basis for recommendation and options considered:		
The following educational staff/individuals have participat	ted in the decision: Signa	ture Role
I understand the exit proposed above and indicate my ap	proval or rejection.	
ApprovalDate Signature of Parent/Guardian/Student		
RejectionDate Signature of Parent/Guardian/Student		
□A Copy of <i>Section 504 Notice of Parent/Guardian and S</i> parent/guardian on this date.	Students Rights were give	en to