

**ANNUNCIATION CATHOLIC SCHOOL
SECTION 504 REFERRAL FORM**

Name of Person Making Referral: _____

Date of Referral: _____

What is the suspected physical or mental impairment to be considered?

How does the suspected physical or mental impairment substantially limit one or more major life activities at school?

Please submit this form to the school's Section 504 Coordinator: Mrs. Dorene VanVliet