

Date Sent: _____

Date Returned: _____

DATA ENTRY SHEET

SECTION 504

Please check:

Initial Eligibility Determination

Annual Review

Reevaluation

Dismissal

Ineligible

Powerschool Number#: _____

School: _____

Student First Name: _____ Middle I: __ Last Name: _____

Date of Birth: __/__/____ Grade: _____

Sex: Male/Female Ethnicity: White/Black/Hisp/Amln/Asia/Mult

Parents: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Emergency Phone: _____