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Asst. Supt. of Business  
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Director of Alternative Education  
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(530) 538-2300, ext. 104

**Las Plumas High School**  
2380 Las Plumas Avenue  
Oroville, CA 95966  
(530) 538-2310  
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**Oroville High School**  
1535 Bridge Street  
Oroville, CA 95966  
(530) 538-2320  
Fax: 534-6203

**Prospect High School/  
Community Day School**  
2060 2<sup>nd</sup> Street  
Oroville, CA 95965  
(530) 538-2330  
Fax: (530) 538-2338

**Oroville Adult Education  
Career & Technical Center**  
2750 Mitchell Avenue  
Oroville, CA 95966  
(530) 538-5350  
Fax: (530) 538-5396

Date: \_\_\_\_\_

**CONSENT FOR EVALUATION FOR  
SECTION 504 ACCOMMODATION PLAN**

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Counselor: \_\_\_\_\_

\_\_\_ Initial Evaluation                      \_\_\_ Re-Evaluation

We, the legal guardians of the above student, **AGREE** with the staff at \_\_\_\_\_ High School completing an evaluation for a Section 504 Accommodation Plan. We have received a copy of our Parent's Rights and Grievance Procedures.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

We, the legal guardians of the above student, **DO NOT AGREE** with the recommendation for an evaluation for a Section 504 Accommodation Plan. We have received a copy of the Parent's Rights and Grievance Procedures.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

