

# Murfreesboro City Schools ADMINISTRATIVE DIRECTIVE

<b>Administrative Directive Title:</b> <b>Section 504 and ADA          Compliance</b>	<b>AD Number:</b> <b>1.802.1</b>	<b>Adopted:</b> October 2024
<b>Policy References:</b> <u>Board Policy 1.802</u> – Section 504 and ADA Grievance Procedures		<b>Revised:</b> 11/24

1 **COMPLIANCE COORDINATORS**

2 The following individuals are designated to coordinate the district’s efforts to comply with and  
 3 carry out its responsibilities under the Americans with Disabilities Act (ADA) and Section 504 of  
 4 the Rehabilitation Act of 1973 (Section 504), including any investigation of any complaint  
 5 alleging non-compliance with the Acts or alleging any actions that would be prohibited by the  
 6 Acts:

7 For employee-related concerns: Maria Johnson  
 8 Director of Human Resources  
 9 2552 South Church Street  
 10 Murfreesboro, TN 37127  
 11 Phone: 615-893-5313, Ext. 10036  
 12 maria.johnson@cityschools.net  
 13

14 For student-related concerns: Angela Fairchild  
 15 Special Education Director  
 16 2552 South Church Street  
 17 Murfreesboro, TN 37127  
 18 Phone: 615-893-5313, Ext. 10061  
 19 angela.fairchild@cityschools.net

20 **SECTION 504 DUE PROCESS HEARING REQUESTS**

21 Section 504 provides the right to an impartial due process hearing if a parent wishes to contest  
 22 any action of the school with regard to a child’s identification, evaluation, and placement under  
 23 Section 504. If a parent requests a Section 504 hearing, the parent has the right to personally  
 24 participate and to be represented at the hearing by an attorney or advocate at the parent’s  
 25 expense. Contested actions or omissions that are appropriate for a Section 504 hearing should  
 26 involve identification, evaluation, or placement issues involving a child who has or is believed to  
 27 have a disability. To request a hearing, a parent must make an oral or written request to the  
 28 compliance coordinators identified above. The request shall be submitted on or reduced to  
 29 writing on the form included in this administrative directive.

30

Murfreesboro City Schools  
2252 South Church Street, Murfreesboro TN 37127  
**Phone** (615) 893-2313 **Fax** (615) 893-2352  
cityschools.net



## Request for a Section 504 Due Process Hearing

Pursuant to Board Policy 1.802 and Administrative Directive 1.802.1, a parent/guardian may request an impartial due process hearing to contest any action of the school with regard to a child's identification, evaluation, and/or placement under Section 504. To request a hearing, please complete this form and submit to the district's 504 Compliance Coordinator.

### Student/Parent Information

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

School attending: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Student:  Parent  Legal Guardian  Other: \_\_\_\_\_

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

E-mail (optional): \_\_\_\_\_

### Hearing Request

**I am requesting a Section 504 due process hearing for the following issues:**

Section 504 Identification  Section 504 Evaluation  Section 504 Placement

Other: \_\_\_\_\_

**Description of action or omission being challenged:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the corrective action or remedy you are seeking:**

\_\_\_\_\_

By signing below, you affirm that you are the individual named on this form and you are entitled to submit a request for a due process hearing on behalf of the student named above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date