

New Hampshire Fire Explorer Training Academy **Learning Disabilities Accommodation Request Form**

PLEASE PRINT CLEARLY

Name: _____

Fire Department: NHFETA-Explorers

Street Address: _____

City/Town: _____

State: _____ Zip Code: _____

I am enrolled in the NHFETA June 25, 2009 – July 2, 2010 being held at the New Hampshire Fire Academy in Concord.

I would like someone to contact me in order to discuss this matter further. The time to reach me during the day is: _____ AM / PM (please circle one) and the telephone number is (____) _____ - _____ or e-mail me at _____.

The following supporting documentation is enclosed (check all that apply):

IEP
 Diagnosis
 Other: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please send this completed form and the appropriate documentation to:

**New Hampshire Fire Explorer Training Academy
LDR
P.O. Box 1225
Manchester, NH 03102-1225**

Please be sure to mark the envelope CONFIDENTIAL.

Office use only:	_____	_____
	_____	_____
	_____	_____