**DISTRICT EXPLANATION OF ENROLLMENT DECISION**

Instructions: The following form is to be used when the district has denied a parent/guardian’s enrollment request.

Date: _____________________________________________________________________

Name of person completing form: ____________________________________________

Title: _____________________________________________________________________

Phone number: _____________________________________________________________

In accordance with federal law (42 USC 11432), this notification is being provided to:

Name of parent/guardian: ________________________________________________

Name of student(s): _______________________________________________________

Name of school requested: ________________________________________________

District’s placement decision (name of school): ______________________________

After reviewing your request to enroll your child in the school listed above, your enrollment request has been denied. This determination was based upon:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

You have the right to appeal this decision to the district Superintendent. If you are not satisfied with the Superintendent’s decision, you may appeal to the San Joaquin County Office of Education. If you are not satisfied with the county office’s decision, you may then appeal to the California Department of Education. The district’s homeless liaison can assist you with this appeal.
Name of district’s homeless liaison: **Mr. R. G. Fagin, District Truancy Coordinator/Homeless Liaison**

Address: __________________________________________________________________________

Phone number: _______________________________________________________________________

Name of County Office of Education homeless liaison: ________________________________________________________________________________

Address: __________________________________________________________________________

Phone number: _______________________________________________________________________

You also have the following rights:

* Pending resolution of this dispute, your child has the right to immediately enroll in the school you requested and to participate in school activities at that school.

* You may provide written or verbal documentation to support your position. You may use the district’s dispute resolution form. A copy of the dispute resolution form can be obtained from the district’s liaison for homeless students.

* You may seek the assistance of advocates or attorneys to help you with this appeal.
EDUCATION FOR HOMELESS CHILDREN

ENROLLMENT DISPUTE FORM

Instructions: This form is to be completed by a parent/guardian or student when a dispute regarding enrollment has arisen. As an alternative to completing this form, the information on this form may be shared verbally with the district’s liaison for homeless students.

Date submitted:___________________________________________________________

Name of person completing form:___________________________________________

Student’s name:___________________________________________________________

Relation to student:________________________________________________________

I may be contacted at the following:

Address:________________________________________________________________

Phone number:____________________________________________________________

Name of school requested:__________________________________________________

I wish to appeal the enrollment decision made by:

_____ District liaison _____ Superintendent _____ County liaison

Reason for the appeal: You may include an explanation to support your appeal in this space or provide your explanation verbally.

I have been provided with:

_____ A written explanation of the district’s decision

_____ Contact information for the district’s homeless liaison

_____ Contact information for the county office of education’s homeless liaison