

**NOTIFICATION OF DECISION
TO APPEAL EDUCATIONAL PLACEMENT**

This form is to be completed by the parent, guardian, caretaker, or unaccompanied youth when a dispute arises. If you need assistance in preparing this form, you may meet with the District Liaison, Student Services Director, who can be reached at (860) 345-4244.

Person completing form: _____

Relation to Student: _____

Contact Information: _____

I am requesting a Board of Education Hearing under Section 10-186 of the Connecticut General Statutes to appeal the enrollment decision made by [Name of District], [Name of School]. I have been provided with a written explanation of the District's decision, contact information for the District's homeless education liaison, and a copy of the Dispute Resolution Process under Connecticut General Statutes Section 10-186.

Name

Date

Optional. You may also include a written explanation to support your appeal in the space below or provide your explanation verbally to the District Liaison.