EDUCATION FOR HOMELESS CHILDREN

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:_____
Student's name:_____
Name of person completing form:_____
Relation to student:_____
Address:_____
Phone number:_____

Name of school requested:_____

I wish to appeal the eligibility, school selection, or enrollment decision made by:

☐ ***District liaison*** ☐ ***District Superintendent*** ☐ ***County office of education 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***

☐ ***Contact information for the state homeless coordinator***