



**Colorado River Union High School District #2**  
P.O. Box 21479 Bullhead City, AZ 86439  
Phone: (928) 758-3916 | Fax: (928) 758-9011

**Governing Board:**

- Carey Fearing -  
*President*
- Marahi Flores -  
*Clerk*
- Ashley Gerich
- Richard Cardone
- Nancy Mongeau

**Administration:**

- Tim Richard -  
*Superintendent*
- Samuel Dell -  
*Business Manager*
- Kristy Cornelson -  
*Curriculum Director*
- Scarlett Vargas -  
*CTE Coordinator*
- Lina Engelhardt -  
*Director of  
Special Education*
- Michael Jake Carter -  
*Director of Community  
Engagement*
- Russell Rosen -  
*IT Specialist*
- William Bailey -  
*Director of Transportation*
- Ed Catalfamo -  
*Fieldhouse General  
Manager*
- Carmen Valenzuela -  
*Facilities Manager*

**Schools:**

- Mohave High School
- River Valley High School
- CRUHS D Academy

## **Colorado River Union High School District #2 Foster Care Dispute Form**

To appeal the district's decision, please complete this form and submit it by the indicated date on the written notice you received from the school. Please complete and submit this form. You may submit this form by any of the following methods:

- Scan and email it to [elara@crsk12.org](mailto:elara@crsk12.org) with subject "Foster Child Appeal"
- Return the paper form to the school in person
- Submit the paper directly to the district office at 2251 Highway 95, Bldg A Bullhead City, Az 86442

Student Name: \_\_\_\_\_

School in which enrollment is sought: \_\_\_\_\_

1. I am the educational decision-maker for this student, and I believe the school in which we are seeking enrollment is in the student's best interest because:
  
  
  
  
  
  
  
  
  
  
2. I believe the student has a right to attend this school because:
  
  
  
  
  
  
  
  
  
  
3. If you would like to provide additional information, please attach it to this form.

The student shall remain in the school of origin, receiving all appropriate educational services including transportation, until the dispute reaches its final resolution. Once this dispute form is received, the superintendent or designee will arrange for a personal conference with the educational decision-maker, the student, and at least one representative from the local child welfare agency within ten (10) business days, and the conference will take place as expeditiously as possible. Within five (5) business days of the personal conference, the superintendent or designee will inform the educational decision-maker of the decision in writing. The educational decision-maker will be able to appeal to the state of Arizona if the local resolution is not satisfactory.

Print Educational Decision-Maker Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature Educational Decision-Make: \_\_\_\_\_

**Achievement For All**

**CRUHS D.ORG**