



Dispute Resolution Form

This form is to be completed by a parent, guardian, caretaker, or unaccompanied youth when a dispute arises over school enrollment or transportation assistance. The local liaison should assist the parent, guardian, caretaker, or unaccompanied youth in completing the form.

Date Submitted: _____ **Date of Decision Being Appealed:** _____

Level being disputed at (please circle):

Level 1
District Liaison

Level 2
District Superintendent

Level 3
North Dakota Department
of Public Instruction

Student(s) Name(s):

Grade(s):

1. _____
2. _____
3. _____
4. _____

Individual completing the form: _____

Relation to student(s): _____

Phone or email at which I can be contacted: _____

I wish to appeal the decision made by: _____

Name of school and district: _____

I have been provided with (please check all that apply):

_____ **A written explanation of the school's / district's decision**

_____ **Pamphlet outlining the educational rights of children and youth experiencing homelessness**

_____ **Form outlining dispute resolution process**

_____ **Contact number of the Homeless Education Program State Coordinator**

Please provide a written explanation to support your appeal in the space provided below:

Signature of person submitting dispute: _____

***Please return completed form to the district liaison**

District liaisons will complete the following steps:

- ✓ Send a copy of this form to the State Program Administrator
- ✓ Send a copy of the written decision to the State Program Administrator
- ✓ Provide a copy to parent, guardian, caretaker, or unaccompanied youth
- ✓ Maintain original at school

Office use only:

Date Received by District Liaison:	
Date Received by State Program Administrator of Homeless Education Program:	

Homeless Education Program State Coordinator:

Emily Quick

Emily.Quick@state.sd.us

(605) 295-1090

Approved: February 10, 2025