



**Dispute Form
Eligibility, School Selection, or Enrollment**

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 orally with Dr. Rosalinda Silva, the district's liaison for homeless students.

Date submitted: _____

Student's name: _____

Name of person completing form: _____

Relation to student: _____

Address: _____

Email 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 orally.

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
- A copy of this dispute form