

**PARENTS/GUARDIANS/YOUTH:** If you disagree with the HERO eligibility decision or school of origin decision, please complete this form. A representative from The HERO Program will contact you within two (2) school days to obtain additional information to resolve the dispute.

**DISTRICT AND/OR SCHOOL STAFF:** If you disagree with the HERO eligibility decision or school of origin decision, please complete this form. A representative from The HERO Program will contact you within two (2) school days to obtain additional information to resolve the dispute.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

School \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Decision being disputed: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing this Form (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Contact Number(s)

**MNPS STAFF—Email this form to [HeroProgramReferrals@mnps.org](mailto:HeroProgramReferrals@mnps.org). File the original in the student's school record.**  
**THE STUDENT HAS THE RIGHT TO REMAIN IN SCHOOL WHILE A DECISION IS BEING MADE ABOUT THE DISPUTE.**

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HOMELESS EDUCATION PROGRAM STAFF NOTES:

Date Received: \_\_\_\_\_ Eligibility Dispute \_\_\_\_\_ School of Origin Dispute \_\_\_\_\_