English

School District Placement Decision

Havre Public Schools

School District Placement Decision

Name of Student: _____ Date of Birth: _____
(mm/dd/yyyy)

Parent or Guardian: _____

Address or Location: _____

Email: _____ Phone: _____

Placement Requested: _____

District Recommended Placement: _____

The district feels that it is in the student's best interests to attend the school listed above. This decision was made because we believe it is what is best for the child. Here are the reasons for that decision:

You have the right to appeal (ask to change) the placement decision. During an appeal, a child or youth must be immediately enrolled in the school chosen by the parent, guardian, or unaccompanied youth while the appeal is being considered.

- ❑ I want to appeal the school district's placement decision
- ❑ I do not want to appeal the school district's placement decision

Parent/Guardian/Youth Signature: _____ Date: _____
(mm/dd/yyyy)

Please contact the following person to begin the appeal process:

Name: Cheryl Russell Title: Homeless Liason

Location: Robins Building - Administrative Office Phone: 406-395-8550

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