WEST FARGO PUBLIC SCHOOLS DISTRICT-LEVEL DISPUTE RESOLUTION FORM

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

Complainant name: _____

Complainant contact information: _____

Relation to student: _____

Student's name: _____

Student's grade: _____

Date of decision being appealed: _____

Please provide a written explanation to support your appeal:

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

☐ A written explanation of the district's decision

☐ District dispute resolution procedure

☐ Contact information for the State Homeless Education Program Administrator

_____ _____

Complainant signature **Date**

Please return completed form to the Homeless Student Liaison.

The Homeless Student Liaison shall maintain original form at the school, and provide a copy to the parent, guardian, or unaccompanied youth and the state homeless program administrator at the ND Department of Public Instruction.

Please contact the Homeless Student Liaison, Bridget Hins, at bhins@west-fargo.k12.nd.us or 701-499-3048 if you have questions when completing the form.