

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. 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.***

HOMELESS EDUCATION PROGRAM STAFF NOTES:

Date Received: _____ Eligibility Dispute _____ School of Origin Dispute _____