



Pennsylvania's Education for Children and Youth Experiencing Homelessness – Dispute Letter

Date:

State Coordinator
Education for Children and Youth Experiencing Homelessness
Pennsylvania Department of Education
333 Market Street, 5th Floor
Harrisburg, PA 17126-0333

Dear State Coordinator:

My name is _____. My child(ren) attend school in the _____ School District.

I need your help with the following problem(s). I have checked the box that fits my situation. I have included a brief statement in the space provided.

The school district would not enroll my child (children).

☐

Child(ren) couldn't begin school because they didn't have all their medical and/or school records.

☐

Child(ren) not permitted to stay in their current school.

☐

Special education testing/placement services denied or unavailable.

☐

School District will not provide transportation to stay in the current school.

☐

Other

☐

I have written on the reverse side what has already been done to help me.
(Optional)

☐

Please call me at () _____, or at () _____.

Or, you can write to me at: (print full address)

Thank you in advance for looking into this matter.

Parent Name