EDUCATION FOR HOMELESS CHILDREN

DISPUTE FORM

Instructions: This form is to be completed by a parent/guardian or student when a dispute regarding enrollment has arisen. As an alternative to completing this form, the information on this form may be shared verbally with the district's liaison for homeless students.

Date submitted: ________________________
Student's name: ________________________________
Name of person completing form: ____________________________
Relation to student: ____________________________
Address: _______________________________________
Phone number: ________________________________

Name of school requested: ____________________________

I wish to appeal the eligibility, school selection, or enrollment decision made by:

☐ District liaison  ☐ District Superintendent  ☐ County office of education liaison

Reason for the appeal: You may include an explanation to support your appeal in this space or provide your explanation verbally.

__________________________________________________________________________

I have been provided with:

☐ A written explanation of the district's decision
☐ Contact information for the district's homeless liaison
☐ Contact information for the county office of education's homeless liaison
☐ Contact information for the state homeless coordinator