

ENROLLMENT DISPUTE FORM

Instructions: This form is to be completed by a parent or 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 LEA's liaison for homeless students.

Student's name: _____ DOB: _____

Name of school requested: _____

Parent/Guardian Name: _____

Relation to the student: _____

Address: _____

Home Phone: _____ Message Phone: _____

I wish to appeal the enrollment decision made by:

_____ Principal _____ LEA liaison _____ County liaison

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

Please supply copies of any written documents that may be relevant to your complaint.

I have been provided with:

- _____ A written explanation of the district's decision
- _____ Copy of the district's Dispute Resolution Process
- _____ Contact information for the district's homeless liaison and the county office of education's homeless liaison

I certify that the foregoing is true and correct:

Parent Signature

Date

Mail or fax form to: PROVIDE CONTACT INFORMATION

For assistance in completing this form please contact: PROVIDE CONTACT INFORMATION