
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 orally with the district's liaison for homeless students.

Date submitted: _____

Student's name: _____

Name of person completing form: _____

Relation to student: _____

Address: _____

Email 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 orally.

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

A copy of this dispute form