

Students – Attendance

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: \_\_\_\_\_

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 verbally.

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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

Exhibit Adopted: 07/01/2005

Exhibit Amended: 03/01/2022; 07/22/2022; 07/14/2023