

Appendix C  
SCHOOL ENROLLMENT DISPUTE FORM

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School Telephone # \_\_\_\_\_ School Fax # \_\_\_\_\_

Student's Name \_\_\_\_\_ SSN \_\_\_\_\_ Grade \_\_\_\_\_

Current Address \_\_\_\_\_

E-911 Address (Street Address)

\_\_\_\_\_, \_\_\_\_\_ Telephone # \_\_\_\_\_  
City State Zip Code

**Complainant Information**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Please Print

Current Address \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ Telephone # \_\_\_\_\_  
City State Zip Code

*Note: Student information regarding address, telephone number, information protected by Everyday School Records Act can be released only to parent, guardian, the student, or a person specifically designated as a representative of the parent or guardian.*

Name of school that complainant chooses student to be immediately enrolled in and/or transported to/from until dispute is resolved: \_\_\_\_\_

Is this the *School of Origin*? \_\_\_\_\_

If no, from which school was the student transferred? \_\_\_\_\_

Reason for the complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Complainant Signature Date

<b>School Use Only</b>
<b>Principal's Action on the Complaint</b> Taken within _____ school day(s) after receiving notice of the complaint. Date central office contract person was notified of the dispute: _____ Action taken by the principal to resolve the dispute:  Was the dispute resolved? _____

*Fax this form to the central office contact person on the day of the complaint.*