

Instruction

E(2) 6173

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

Exhibit
version:

CSBA MANUAL MAINTENANCE SERVICE
December 2020