

**Education of Homeless Children and Youth
Request for District-Level Dispute Resolution**

This form is to be completed by the parent, guardian, caretaker, or unaccompanied youth to appeal the decision of the school when an enrollment request is denied. It should be forwarded to the District Homeless Liaison within 48 hours via email.

Date Submitted: _____

*Person Initiating Dispute: *(please print)*: _____

Contact Information: _____

Relationship to Student(s): _____

Student(s): _____

School: _____

Date Student was denied enrollment: _____

☐ **I wish to appeal the enrollment decision made by the school.**

I have been provided with:

☐ A written explanation of the school's decision *(Please submit a copy.)*

(Signature of Person Completing Form)

Phone #: _____

To be completed by the Homeless Liaison

* Was the dispute resolved? ☐ Yes ☐ No Date: _____

* *See District Resolution of Complaint Form*