

## Enrollment Dispute Form

**This form is to be completed by the parent, guardian, or unaccompanied youth when a dispute arises. This information may be shared verbally with the district liaison as an alternative to completing this form.**

Date:

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Student(s):

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Person completing form:

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Relation to student(s):

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I may be contacted at (phone or e-mail):

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I wish to appeal the enrollment decision made by:

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Name of School:

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I have been provided with (please check all that apply):

\_\_\_\_\_ A written explanation of the school's decision.

\_\_\_\_\_ The contact information of the school district's local homeless education liaison.

\_\_\_\_\_ A copy of the state's dispute resolution process for students experiencing homelessness.

Optional: You may include a written explanation in the space below to support your appeal or you may provide your explanation verbally.

The school provided me with a copy of this form when I submitted it. \_\_\_\_\_

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