

**Instruction**

**Education For Homeless Children**

**E2 - 6173**

**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