

**EDUCATION FOR HOMELESS CHILDREN**

**DISPUTE FORM**

Instructions: This form is to be completed by a parent/guardian or student when a dispute regarding eligibility, school selection or enrollment has arisen. As an alternative to completing this form, the information on this form may be shared verbally with the district Homeless Liaison.

Date submitted: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Student's name: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name of school/district requested: \_\_\_\_\_

I wish to appeal the eligibility, school selection, or enrollment decision made by:

- District Homeless Liaison
- Los Angeles County Homeless Liaison
- Superintendent

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 Los Angeles County Homeless Liaison
- Contact information for the California state homeless coordinator