

EDUCATION FOR HOMELESS CHILDREN

ENROLLMENT 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 Liaison for Homeless Students.

Date submitted: _____

Name of person completing form: _____

Student's name: _____

Relation to student: _____

I may be contacted at the following:

Address: _____

Phone number: _____

Name of school/district requested: _____

I wish to appeal the enrollment decision made by:

_____ District Liaison for Homeless Students _____ Superintendent

_____ Los Angeles County Homeless 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 Liaison for Homeless Students

_____ Contact information for the Los Angeles County Homeless Liaison