This form can be used when a parent, guardian or unaccompanied homeless youth has a dispute arises with a school’s decision regarding school enrollment. If assistance is needed in completing the form, please contact the district Homeless Liaison at (619) 725-7652. Note: The homeless child or youth shall be immediately enrolled in the school where enrolment is sought during the time such dispute is considered.

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| --- | --- |
| **Child/Youth’s Name** |  |
| **Name of person completing this form** |  |
| **Your relationship to the child/youth** |  |
| **Your contact information**  | **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_****Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**I have been provided with a Written Notification of Enrollment/Placement Decision. \_\_\_Yes \_\_\_ No**

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| **I am disputing the following decision because….. (Please give detailed information).**  |
| **I request that the following actions be taken on this dispute.**  |

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| **Signature of parent/guardian or homeless youth****X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- |
| **For School Use****This dispute form was received by the district’s Homeless Liaison on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_**The district’s written response and explanation of the decision regarding any dispute of a parent/guardian or unaccompanied homeless youth must be given within thirty (30) calendar days of the time such complaint or dispute is brought.  |