

CSBA Sample Exhibit

Instruction

E(2) 6173

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's liaison for homeless students.

Date submitted: _____

Name of person completing form: _____

Student's name: _____

Name of person completing form: _____

Relation to student: _____

I may be contacted at the following:

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**

Attachment H1- E(2) 6173 Education for Homeless Children
Use CSBA Sample with Suggested Revisions

(7/05) 10/16

Policy Reference UPDATE Service

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