

Appeal of Placement and Enrollment Denial

To be completed by the parent, guardian, or unaccompanied youth when a dispute arises. This information may be shared verbally with the local liaison as an alternative to completion of this form.

Date: _____

Student(s): _____

Person completing form: _____

Relation to student(s): _____

I may be contacted at (phone or e-mail): _____

I wish to appeal the enrollment decision made by: _____

Name of district/school: _____

I have been provided with (please check all that apply):

- A written explanation of the school’s decision.
- The contact information of the school district’s local Homeless Education Liaison.
- A copy of the state’s dispute resolution process for students experiencing homelessness.

Optional: You may include a written explanation in the space below to support your appeal or you may provide your explanation verbally.
