**Education of Homeless Children and Youth**

**Request for District-Level Dispute Resolution**

**FORM 2**

This form is to be completed by the parent, guardian, caretaker, or unaccompanied

youth to appeal the decision of the District Homeless Education Liaison.

**Date submitted:**

**Person completing form\*:**

**Contact Information:**

**Relationship to student(s):**

**Student(s):**

**School**:

Date of enrollment decision being appealed:

I wish to appeal the enrollment decision made by the District Homeless Education

Liaison, Rebekah Roldan.

I have been provided with:

􀂆 A written explanation of the District Liaison’s decision (**Form 1**).

􀂆 Contact information for the District Director of Title I Services and Basic Skills

􀂆 A copy of the District-Level Dispute Resolution Process concerning enrollment for

 students experiencing homelessness.

 Optional: You may include a written explanation to support your appeal in the

 space provided below.

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\*Signature of person completing form

(KLM Revised 04/19/19)