**Education of Homeless Children and Youth**

**Request for State-Level Dispute Resolution**

**FORM 3**

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

youth to appeal the decision of the District Director of Title I and Basic Skills upon

completion of the District-Level Dispute Resolution Process.

**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 Assistant Superintendent/Programs Director, Effie J. Dean.

I have been provided with:

􀂆 A written explanation of the Director’s decision.

􀂆 Contact information for the state’s Homeless Education Coordinator

􀂆 A copy of the state’s 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

Please return completed form to:

Melinda Dyer

Program Supervisor

Education for Homeless Children and Youth

Old Capitol Building

P.O. Box 47200

Olympia, WA 98504-7200

360-725-6050

Fax: 360-664-3575