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:______________________________________________________________

Relation to student:__________________________________________________________________

I may be contacted at the following:

Address:___________________________________________________________________________

Phone number:________________________________________________________________________

Name of school requested:____________________________________________________________

I wish to appeal the enrollment decision made by:

□ District liaison □ Superintendent □ County 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

Exhibit: SANTA BARBARA UNIFIED SCHOOL DISTRICT
Version: May 5, 2009 Santa Barbara, California

Education for Homeless Children – Exhibit 6173 (2)