

EDUCATION OF HOMELESS CHILDREN AND YOUTH PARENT DISPUTE RESOLUTION

This form should be completed by parent, caretaker, or unaccompanied youth when a dispute arises regarding school selection or enrollment within three days business days of registration/ enrollment. The school should immediately email or fax the Parent Dispute Resolution Form to the Homeless Education Liaison office at (678) 676-1831.

Phone:

Parent /Guardian/ Student: _____

I wish to appeal the enrollment de	cision made by	:		
I have been provided with: A written explanation of th A Copy of the School Disput A copy of the Dispute Resol Contact information for the	te Written Notif Iution Process f	fication of or student	Enrollment form sign s experiencing home	
Student's Name	D.O.B.	Grade	Previous Enrolled School	Requesting School of Enrollment
Optional: You may include a writto	en explanation t	o support	your appeal in the sp	pace below:
Signature			Date	

The DeKalb County School District does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, marital status, or sexual orientation in any of its employment practices, educational programs, services or activities. For additional information about nondiscrimination provisions, please contact Student Support & Intervention located at 1701 Mountain Industrial Boulevard, Stone Mountain, GA 30083. Phone number 678-676-1200.

Date: _____