

Chad Williams
Superintendent

Burke Davis
McKinney-Vento Liaison



Ben Lemons
Title I Director

Jared Heath
ELL Director

Mike Messick
Special Education Director

This form is to be completed by the parent, guardian, or unaccompanied youth who disagrees with a school enrollment decision. This information may be shared verbally with the local homeless education liaison as an alternative to completing this form.

Date: _____

Student(s): _____

Person Completing Form: _____

Relation to Student(s): _____

Contact Information (Phone # or E-mail): _____

I wish to appeal the enrollment decision made by: _____

School: _____ District: _____

I have been provided with the following:

- ☐ A copy of the Notification of Enrollment Decision
- ☐ A copy of the Idaho State Department of Education's Dispute Resolution Process
- ☐ Contact information for the district's local homeless education liaison

I understand that:

- Pending the resolution of the dispute, the student(s) listed above has the right to **enroll immediately** in the requested school. The student(s) will also have the right to continue all appropriate educational services, transportation, free meals, and Title I, Part A services.
- I may contact the State Coordinator for Homeless Education at the Idaho State Department of Education if further help is needed or desired.

Name: _____ Telephone: _____

- I may seek the assistance of advocates or attorneys at my own expense.

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