Homeless Education Program

DISPUTE RESOLUTION FORM

This form should be completed when a dispute arises over school enrollment/placement.

Child's Name:								
Person completing	form:							
Person completing form:					(Relation to Student)			
I may be contacte	d at (address/ph	one/e-mail): _						
I wish to dispute the	e following decisi	on:						
The decision I am position and use a								
Persons who hav	ve information	to support	my posi	tion (inclu	de contact	information		
I request that the fo	ollowing action b	e taken on th	is dispute:					
Parent or Guardiar			0		ate			
Date received by		ator						
In compliance with provided to: Parent/Guardian _	the McKinney-Ve	nto Homeless	Assistance	e Act, the fo	bllowing writter	notification		
After reviewing t		relevant to	your di	spute my		on is follow		
Explanation for this	determination: _							
After reviewing t	Name) The information	relevant to	your di	spute my	^(Name) determinatic	on is follow		

Notice of Right to Appeal: If you are not satisfied with the determination on this dispute, you have the right to appeal as provided for in Nebraska Department of Education Rule 19. The appeal is to be filed with the Commissioner of Education within 30 calendar days of receipt of this decision. For information about an appeal you may contact the state coordinator:

Section 500 – Students Student Attendance <u>Homeless Children and Youth</u>

File: 503.09 – E3 HEP Form 3

Education Specialist & Homeless Education / NCLB Programs Nebraska Department of Education Telephone: 402-471-1419 Facsimile: 402-471-0117

Date

The Determination of the Homeless Coordinator on this dispute was given to parent/guardian or unaccompanied youth on ______.

(Date)