**Instructions:**

**To be completed by the parent, guardian, caretaker, or unaccompanied youth when a dispute regarding enrollment of a homeless student or youth arises. This information may be shared verbally with the district homeless coordinator as an alternative to completing this form.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relation to student(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I wish to appeal the enrollment decision made by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have been provided with (please check all that apply):**

**\_\_\_\_\_\_\_\_\_\_ A written explanation of the district’s decision.**

**\_\_\_\_\_\_\_\_\_\_ The contact information for the Riverview Gardens Homeless Coordinator**

**\_\_\_\_\_\_\_\_\_\_ A copy of Riverview Gardens School District Complaint Resolution procedures.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name** | **Date of Birth** | **Gender** | **School** | **Grade Level** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Optional: You may include a written explanation in the space below to support your appeal or you may provide your explanation verbally.

I was provided a copy of this form when submitted. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initial and date)