

Board Policy

Code No. 501.16E1

HOMELESS DISPUTE RESOLUTION

To be completed by the parent, guardian, caretaker, or unaccompanied youth when a dispute arises. This information may be shared verbally with the district liaison as an alternative to completing this form.

Date: _____

Student(s): _____

Person completing form: _____

Relation to student(s): _____

I may be contacted at (phone or email): _____

I wish to appeal the enrollment decision made by: _____

Name of School: _____

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

_____ A written explanation of the school's decision.

_____ The contact information of the school district's local homeless education liaison.

_____ A copy of the state's dispute resolution policy for students experiencing homelessness.

Optional: A written explanation may be included in the space below to support your appeal or you may provide your explanation verbally.

The school provided me with a copy of this form when I submitted it (initial). _____

Local Contact: At-Risk Coordinator or Superintendent's Admin. Assistant
Phone: 563/ 359-9375 or 563/ 359-3681
E-mail: tchelf@bettendorf.k12.ia.us
nherrin@bettendorf.k12.ia.us

State Coordinator: Sandra Johnson, Consultant
Title I/Homeless Education
Iowa Department of Education
Des Moines, IA 50319
Phone: 515/ 281-3965
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Approved: July 14, 2014