



**Homeless Student Enrollment Appeal**

This form is to be completed by the parent/guardian/unaccompanied youth when an enrollment dispute arises.

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

Student(s): \_\_\_\_\_

School: \_\_\_\_\_

Person completing form: \_\_\_\_\_

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

Contact information (phone or email): \_\_\_\_\_

I have been provided with:

- A written explanation of the school’s decision
- Contact information for the CRCSD Homeless Specialist
- Contact information for the State Coordinator of Homeless Education

Please provide an explanation in support of your appeal of the school’s decision to deny enrollment (this may also be provided verbally to the district Homeless Specialist):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This section to be completed by Homeless Specialist*

<b>Resolution Action:</b>  	
<b>Was dispute resolved?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ Signature of Homeless Specialist	_____ Date
<b>If dispute was not resolved, was parent referred to State Coordinator of Homeless Education?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ Date of Referral	