Dispute Resolution Form

This form is to be completed by a parent, guardian, caretaker, or unaccompanied youth when a dispute arises over school enrollment or transportation assistance. The local liaison should assist the parent, guardian, caretaker, or unaccompanied youth in completing the form.

Date Submitted: _______________________   Date of Decision Being Appealed: _______________________

Level being disputed at (please circle):

- Level 1
- Level 2
- Level 3

☐ District Liaison
☐ District Superintendent
☐ North Dakota Department of Public Instruction

Student(s) Name(s):        Grade(s):

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

4. ________________________________________________________________

Individual completing the form: ________________________________________________________________

Relation to student(s): ________________________________________________________________

Phone or email at which I can be contacted: __________________________________________________

I wish to appeal the decision made by: ______________________________________________________

Name of school and district: ______________________________________________________________

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

- A written explanation of the school’s/district’s decision
- Pamphlet outlining the educational rights of children and youth experiencing homelessness
- Form outlining dispute resolution process
- Contact number of the Homeless Education Program State Coordinator

Please provide a written explanation to support your appeal in the space provided below:
Signature of person submitting dispute: __________________________________________________________________________

*Please return completed form to the district liaison

District liaisons will complete the following steps:

✔ Send a copy of this form to the State Program Administrator
✔ Send a copy of the written decision to the State Program Administrator
✔ Provide a copy to parent, guardian, caretaker, or unaccompanied youth
✔ Maintain original at school

Office use only:

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<thead>
<tr>
<th>Date Received by District Liaison:</th>
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<tbody>
<tr>
<td>Date Received by State Program Administrator of Homeless Education Program:</td>
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Homeless Education Program State Coordinator: Jen Withers, jwithers@nd.gov or fax 701-328-0203.