McKinney-Vento Homeless Education Program
Dispute Resolution Process
Parent Notification to Proceed with Dispute Resolution Process

To be completed by the parent, guardian, caregiver or unaccompanied youth when an enrollment dispute arises. This information may be shared verbally with the district’s local homeless liaison as an alternative to completing this form.

Date: _____________ School Site: _________________________________________________

Student(s): _____________________________________________________________ Grade:_______________

Person completing form: _________________________________________________________________________

Relationship to student(s): ________________________________________________________________________

I may be contacted at (phone and/or e-mail): ________________________________________________________

I wish to appeal the enrollment decision made by: ____________________________________________________

Name of school that parent/guardian chooses child to be immediately enrolled in and/or transported to/from until dispute is resolved: ______________________________________________________________________________

Is this the school of origin*? ☐ Yes ☐ No

If no, from which school was the student transferred? _________________________________________________

*School of Origin means the school that the child attended when permanently housed or the school in which the child was last enrolled.

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

☐ A written explanation of the school’s decision

☐ The contact information of the school district’s local McKinney-Vento liaison

☐ A copy of the District’s dispute resolution process for students experiencing homelessness

Reason for complaint/explanation: (Optional: You may include a written explanation in the space below to support your appeal or you may provide your explanation verbally by contacting the district’s homeless liaison at (714) 870-2872 or (714) 870-2838.)

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The school provided me with a copy of this form when I submitted it. ☐ Yes ☐ No

Signature of parent/guardian: _____________________________________________ Date: ___________________

Date received at site: ________________ Received by: ______________________________

This form must be forwarded to the district's local homeless liaison as expeditiously as possible.

☐ Original to District McKinney-Vento Liaison Copies to:  ☐ Parent/Guardian  ☐ School Site