Office of the
State Superintendent of Education

Transitory Services
Education of Homeless Children and Youth Program
Office: (202) 741-6412
Fax: (202) 741-0227

DISPUTE RESOLUTION FORM

Part 1: Completed by the School

Person completing form: _____ Date: _____ School:_____

Student's name: _____ Age: _____ Grade: _____

Address: _____ Telephone number: _____

Parent's name: _____ Address:_____

Dispute:
_____
_____
_____

School's reason (s) for denying admission:
_____
_____
_____

Principal's signature:_____ Date: _____

Part 2: Completed by the Homeless Children and Youths Office

Date received: _____

Person handling dispute: _____

Resolution to dispute:
_____
_____
_____

Homeless Coordinator's signature: _____ Date: _____

Part 3: Completed by the Office of the State Superintendent of Education-Transitory Services

Date received: _____

Person handling dispute: _____

Resolution to
dispute:_____
_____
_____

State Coordinator's Signature: _____ Date: _____

Appellant proceedings may be requested at any time during this process.