

Howard-Suamico School District Homeless Dispute Resolution Form

This form should be completed when a dispute arises over school enrollment/placement, and should be returned to the Associate Director of Student Services at the Howard-Suamico Schools District Office, 2706 Lineville Road, Green Bay, WI 54313.

Student's Name:				
Person completing form	:		(D.1.) (G.1.)	
	(Name)		(Relation to Student)	
I may be contacted at: _				
	(Address)	(Phone)	(E-mail)	
I wish to dispute the foll	owing decision:			
I feel the decision I am of may attach a separate do		ause (give detailed information	on in support of your position, y	ou
Persons who have inform	nation to support my pos	sition (include contact inform	ation):	
I request the following a	ection be taken on this di	spute:		
(Person Completing Form Signa	ture)		(Date)	



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For School Use Only			
Dispute Resolution Form received by:	Date:		
	Determination		
In compliance with the McKinney-Vento Homo provided to:	eless Assistance Act, the following written notification is		
Parent/Guardian:(Name)	Unaccompanied Youth:(Name)		
	ur dispute my determination is as follows:		
_			
Explanation for this determination:			
be filed with the Director of Student Services, Jennifer C	the determination on this dispute, you have the right to appeal. The appeal is to Garceau, within seven (7) calendar days of receipt of this decision. For more tate Department of Public Instruction Homeless Children/Youth Coordinator		
(Associate Director of Student Services)	(Date)		
This Determination was given to the parent/gua	ardian/unaccompanied youth on:		
(Date)			