



REQUEST TO APPEAL STUDENT IN FOSTER CARE ENROLLMENT DECISION

To be completed by the educational decision maker or youth in foster care when a dispute arises following a written notification of enrollment decision. This information may be shared verbally with the district homeless liaison as an alternative to completing this form.

Date: _____

Student Name(s): _____

School student(s) is currently attending: _____

Person completing form: _____

Relationship to student(s): _____

may be contacted at (phone or email): _____

I have received the explanation of the district's enrollment decision concerning my student(s)/myself. I disagree with the district's decision and I am appealing that decision for the following reasons:

Parent/Guardian/Youth Signature _____	_____ Date
School District Personnel Signature _____	_____ Date

School District Use Only		
<input type="checkbox"/> Level I Appeal	<input type="checkbox"/> Level II Appeal	<input type="checkbox"/> Level III Appeal