

## Fort Dodge Community School District Appeal Notification of Enrollment Decision

To be completed by the parent, guardian, caretaker, or unaccompanied youth when a dispute arises. This information may be shared verbally with the district liaison as an alternative to completing this form.

Date: \_\_\_\_\_

Student(s): \_\_\_\_\_

Person completing form: \_\_\_\_\_

Relation to student(s): \_\_\_\_\_

I may be contacted at (phone or email): \_\_\_\_\_

I wish to appeal the enrollment decision made by: \_\_\_\_\_

Name of school: \_\_\_\_\_

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

\_\_\_\_\_ A written explanation of the school's decision.

\_\_\_\_\_ The contact information of the school district's local homeless education liaison.

\_\_\_\_\_ A copy of the State's dispute resolution policy for students experiencing homelessness.

Optional: A written explanation may be included in the space below to support your appeal, or you may provide your explanation verbally.

The school provided me with a copy of this form when I submitted it. \_\_\_\_\_ (initial)