PROCEDURE: 501.11d

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 the 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)

Adopted 6/8/15
Revised
Reviewed 09/23/19