

**Exhibit**

**DISTRICT EXPLANATION OF ENROLLMENT DECISION**

Instructions: The following form is to be used when the district has denied a parent/guardian's enrollment request.

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

Name of person completing form: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

In accordance with federal law (42 USC 11432), this notification is being provided to:

Name of parent/guardian: \_\_\_\_\_

Name of student(s): \_\_\_\_\_

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

District's placement decision (name of school): \_\_\_\_\_

After reviewing your request to enroll your child in the school listed above, your enrollment request has been denied. This determination was based upon:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You have the right to appeal this decision to the district Superintendent. If you are not satisfied with the Superintendent's decision, you may appeal to Sutter County Office of Education. If you are not satisfied with the county office's decision, you may then appeal to the California Department of Education. The district's homeless liaison can assist you with this appeal.

Name of district's homeless liaison: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name of County Office of Education homeless liaison: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

You also have the following rights:

\* Pending resolution of this dispute, your child has the right to immediately enroll in the school you requested and to participate in school activities at that school.

\* You may provide written or verbal documentation to support your position. You may use the district's dispute resolution form. A copy of the dispute resolution form can be obtained from the district's liaison for homeless students.

\* You may seek the assistance of advocates or attorneys to help you with this appeal.

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#### EDUCATION FOR HOMELESS CHILDREN

#### ENROLLMENT DISPUTE FORM

Instructions: This form is to be completed by a parent/guardian or student when a dispute regarding enrollment has arisen. As an alternative to completing this form, the information on this form may be shared verbally with the district's liaison for homeless students.

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

Name of person completing form: \_\_\_\_\_

Student's name: \_\_\_\_\_

Relation to student: \_\_\_\_\_

I may be contacted at the following:

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

I wish to appeal the enrollment decision made by:

\_\_\_\_\_ District liaison \_\_\_\_\_ Superintendent \_\_\_\_\_ County liaison

Reason for the appeal: You may include an explanation to support your appeal in this space or provide your explanation verbally.

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I have been provided with:

- ☐ A written explanation of the district's decision
- ☐ Contact information for the district's homeless liaison
- ☐ Contact information for the county office of education's homeless liaison

Date Exhibit was Approved by the Board: September 8, 2009