Education of Homeless Children and Youth
Request for State-Level Dispute Resolution
FORM 3

This form is to be completed by the parent, guardian, caretaker, or unaccompanied youth to appeal the decision of the District Director of Title I and Basic Skills upon completion of the District-Level Dispute Resolution Process.

Date submitted:
Person completing form*:
Contact Information:
Relationship to student(s):
Student(s):
School:

Date of enrollment decision being appealed:
I wish to appeal the enrollment decision made by the District Assistant Superintendent/Programs Director, Effie J. Dean.
I have been provided with:

A written explanation of the Director's decision.
Contact information for the state's Homeless Education Coordinator
A copy of the state's Dispute Resolution Process concerning enrollment for students experiencing homelessness.

Optional: You may include a written explanation to support your appeal in the space provided below.

______________________________
*Signature of person completing form

Please return completed form to:
Melinda Dyer
Program Supervisor
Education for Homeless Children and Youth
Old Capitol Building
P.O. Box 47200
Olympia, WA 98504-7200
360-725-6050
Fax: 360-664-3575