

# MODESTO CITY SCHOOLS

## Exhibit

E 6173 (2)

### INSTRUCTION

### Education for Children in a Transitional Living Situation/Homeless Children

### 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: \_\_\_\_\_

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

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

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

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

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

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

I wish to appeal the eligibility, school selection, or enrollment decision made by:

☐ District liaison      ☐ District Superintendent      ☐ County office of education  
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
- ☐ Contact information for the state homeless coordinator