



Homeless Student Education
Appeal of Enrollment Decision Form
Board Policy 504.9-E

This form is to be completed by the parent, guardian, or unaccompanied youth who disagrees with a school enrollment decision. This information may be shared verbally with the local homeless education liaison as an alternative to completing this form.

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

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

Person Completing Form: \_\_\_\_\_

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

Contact Information (Phone or email): \_\_\_\_\_

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

School: \_\_\_\_\_

I have been provided with the following:

- A copy of the Notification of Enrollment Decision
A copy of the Sioux City School District's dispute resolution process
Contact information for the district's local homeless education liaison

I understand that:

- Pending the resolution of the dispute, the student(s) listed above has the right enroll immediately in the requested school. The student(s) will also have the right to continue all appropriate education services, transportation, free meals, and Title 1, Part A services.
I may contact the State Coordinator for Homeless Education at the Iowa Department of Education if further help is needed or desired.

Title 1/Homeless Education Coordinator
Sandra Johnson
Iowa Department of Education
400 E. 14th Street
Des Moines, IA 50319
Office: 515-281-3965 or sandra.johnson@iowa.gov

