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
• I may seek the assistance of advocates or attorneys at my own expense.

You may include a written explanation to support your appeal in the space below or you may provide your explanation verbally to the local homeless liaison.

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Signed: ______________________________________ Date: ____________

Nondiscrimination Statement
The Sioux City Community School District is an equal opportunity/affirmative action employer. It is an unfair or discriminatory practice for any educational institution to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, religion, age (for employment), disability, socioeconomic status (for programs), marital status (for programs), or veteran status in its educational programs and its employment practices. Inquiries or grievances may be directed to Jen Gomez, Director of Student Services & Equity Education at 627 4th Street, Sioux City, IA 51101, (712) 279-6075, gomezj2@live.siouxcityschools.com.