



Wisconsin Department of Public Instruction
**SUBMISSION OF RECORD OF DECISION IN APPEAL
 OF DENIAL DUE TO UNDUE FINANCIAL BURDEN**
 PI-9414 (Rev. 07-14)

INSTRUCTIONS: To be sent to a resident school district whose denial of an open enrollment application was appealed to the DPI. To be completed by the resident school district and returned to:

**DEPARTMENT OF PUBLIC INSTRUCTION
 ATTN: SCHOOL MANAGEMENT SERVICES
 PO BOX 7841
 MADISON, WI 53707**

Collection of this data is a requirement of s. 118.51, Wisconsin Stats.

I. APPEAL
To be completed by the DPI

In the matter of the appeal of _____ (appellant) File: _____
 Street Address _____, City _____, State _____, Zip _____ v.
 _____ School District Board of Education relating to the denial of the open
 enrollment application for _____ (name of pupil).

II. RECORD OF DECISION
To be completed by resident school district

The resident school district must submit to the department the record of the school board's decision in this matter. The record consists of all of the following:

- a copy of the pupil's application and the school board's denial
- the pupil's individualized education plan (IEP)
- the estimate of costs submitted by the nonresident school district (PI-9423)
- a copy of the school board's policy relating to denial of an application due to undue financial burden
- a copy or explanation of any administrative procedures used to determine approval or denial
- a copy of any school board minutes, tapes or transcripts relating to the decision
- a copy of any committee minutes, tapes or transcripts relating to the decision
- any other information pertinent to the decision

Date application was received in the nonresident school district *Mo./Day/Yr.*

Date resident school district's denial notice was mailed to parents *Mo./Day/Yr.*

Date parent received notice (if known) *Mo./Day/Yr.*

The above information must be submitted with this form by _____ (*DPI insert date*)

III. CERTIFICATION AND CONTACT INFORMATION
To be completed by resident school district

I CERTIFY, the information contained herein is complete and correct to the best of my knowledge.

Name of Contact Person		Email Address		Telephone Area Code/No.	
Name of Authorized Official	Title of Authorized Official	Signature of Authorized Official	Date Signed <i>Mo./Day/Yr.</i>		

IV. COST FOR THE RESIDENT SCHOOL DISTRICT TO PROVIDE THE SAME OR COMPARABLE SPECIAL EDUCATION AND RELATED SERVICES UPON WHICH THE NONRESIDENT SCHOOL BOARD'S COST ESTIMATE IS BASED
Tab from Last Cell of Table to Add Additional Rows

Special Education or Related Service	Nonresident District Cost	Resident District Cost to Provide Same or Comparable Service	Amount The Resident School District's Cost Will Be Reduced If Pupil Transfers

V. FACTORS IN CONSIDERATION OF UNDUE FINANCIAL BURDEN

To be completed by resident school district

Provide all of the relevant data and explanations required below. Attach additional pages, if necessary. Failure to provide requested information may cause the Department to conclude that the data are not supportive of the school board's decision.

1. Was the decision based on only the actual, additional cost to the nonresident school district for the special education and related services required in the pupil's IEP.

- Yes *If yes, attach a copy of the cost estimate provided by the nonresident school district.*
- No *If no, explain.*

2. Was the decision based on the resident school district's total economic circumstances?

- Yes *If yes, which of the following did the school board or designee consider? Check all that apply.*
 - a. the school district's revenue limit *If checked, go to question 3.*
 - b. the school district's ability to pay the tuition costs for the pupil *If checked, go to question 4.*
 - c. the per pupil special education or related services costs for children with disabilities continuing to be served by the resident school district *If checked, go to question 5.*
 - d. other *Attach an explanation*
- No *If no, explain.*

3. Revenue Limited *if 2a checked above*. Provide all data and any other factors the school board or designee considered to determine the cost is an undue financial burden in light of the school district's revenue limit, including the following and any other data the board used to determine the cost is an undue financial burden. The data should be that which the board used **at the time the decision was made**.

Provide only data that were available at the time the decision was made	Current Year <i>Indicate Year</i>	Projected Following Year	One Year Prior	Two Years Prior
Allowable Limited Revenue (Line 13 of the revenue limit worksheet)				
Total Limited Revenue to be Used (Line 14 of the revenue limit worksheet)				
Difference <i>Explain if greater than \$0</i>				

Is the school district eligible for a transfer of service revenue limit exemption for the cost?

- Yes *If yes, explain.*
- No

Does the district have available fund balance or other funding sources, *including revenue authority due to referendum*, that can be used to pay the cost?

- Yes
- No

Explain how the school board considered the above data and any other data used to determine that the cost is an undue financial burden.

4. Ability to Pay Tuition Costs for the Pupil *if 2b checked above*. Provide and explain any data or other factors used to make this determination.

5. Per pupil special education or related services costs for children with disabilities continuing to be served by the resident school district *if 2c checked above*. Provide and explain any data or other factors used to make this determination.

6. Provide and explain any other data or factors used to determine that the special education cost is an undue financial burden.