PUBLIC SCHOOL OPEN ENROLLMENT DPI SUGGESTED FORMAT

On School District Letterhead

**Notice of Nonresident School District Denial of Continued Open Enrollment**

Date

Parent Name

Address

This letter serves as notification that [student’s name] is required to return to the [resident district] for the remainder of the [current] school year for the following reason:

* **The special education or related services required in your child’s new or revised individualized education program (IEP) are not available in the [name of nonresident district] School District. [See Wis. Stats. § 118.51 (12) (b)]**

Date on which the IEP was developed or revised: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date on which the open enrollment is terminated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Attached is a description of the special education or related services that are not available in the nonresident school district.

**Notice of Right to Appeal**

You may appeal this denial to the Department of Public Instruction within 30 days of the date this notice is postmarked or hand-delivered to you, whichever occurs first.

Your appeal must be in writing and must be signed. It is recommended that you use DPI form PI 9418, although you may submit the appeal as a letter or legal brief. You may obtain an appeal form from this school district, from the DPI or at <https://dpi.wi.gov/sites/default/files/imce/forms/doc/f9418.doc>.

Specific instructions for filing an appeal are included on form PI 9418, or you may contact the DPI, toll-free at 888‑245‑2732, option 2, by email at [OpenEnrollment@dpi.wi.gov](mailto:OpenEnrollment@dpi.wi.gov), or you may find instructions and other information about the appeals procedure on the open enrollment web site at <https://dpi.wi.gov/oe>.

Send the appeal to: School Management Services / Open Enrollment

Department of Public Instruction

P.O. Box 7841

Madison, WI 53707-7841

Fax: 608-267-9207

Email: [OpenEnrollment@dpi.wi.gov](mailto:OpenEnrollment@dpi.wi.gov) (scan a signed copy of the appeal)

If you have additional questions, please contact [OE contact name and telephone #].

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[name of district administrator]

District Administrator