



Racine Unified School District
Families in Transition Dispute (Form 2)

This form is to be completed by the Parent/Legal Guardian or unaccompanied student when requesting dispute resolution at Level II when a dispute arises over school placement or enrollment decisions, including transportation.

THIS FORM MUST BE RETURNED TO STUDENT SERVICES BY _____

Date Submitted: _____

Student (s) Name	Birth Date	School	Grade

Persons completing form: _____

Contact Information: _____

Relationship to student(s): _____

I wish to appeal the placement or enrollment decision regarding the above student(s).

The decision was made by: _____

Provide a written explanation to support your appeal in this space below:

I have been provided with a written explanation of the dispute decision: Yes No

Signature of person submitting dispute: _____

Please submit to the address below:

Andrea Rittgers
Student Services Director
Racine Unified School District
3109 Mt. Pleasant Street
Racine, WI 53404