



Racine Unified School District  
Families in Transition Dispute (Form 3)

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

**This form must be returned 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:

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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:

Dr. Eric Gallien  
Deputy Superintendent  
Racine Unified School District  
3109 Mt. Pleasant Street  
Racine, WI 53404