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: ________________

<table>
<thead>
<tr>
<th>Student(s) Name</th>
<th>Birth Date</th>
<th>School</th>
<th>Grade</th>
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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:

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