



Racine Unified School District  
Families in Transition Dispute (Form 4)

This form is to be completed by the Parent/Legal Guardian or Unaccompanied Student when requesting dispute resolution at Level IV 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). I have been provided with:

- A written explanation of the Families in Transition Coordinator decision
- A written explanation of the Student Support/Climate decision
- A written explanation of the Chief of Schools decision
- Contact information for the Superintendent

Signature of person submitting dispute: \_\_\_\_\_

Please submit to the address below:

Dr. Lolli Haws  
Superintendent's Office  
Racine Unified School District  
3109 Mt. Pleasant Street  
Racine, WI 53404