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: ______________

<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). 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