



SCHOOL DISTRICT OF SOUTH MILWAUKEE

HOMELESS DISPUTE RESOLUTION FORM

This form should be completed when a dispute arises over school enrollment/placement, and should be returned to the Director of Pupil Services at the School District of South Milwaukee District Office, 901 15th Street, South Milwaukee, WI 53172.

Student's Name: _____

Person completing form: _____
(Name) (Relation to Student)

I may be contacted at: _____
(Address) (Phone) (E-mail)

I wish to dispute the following decision: _____

I feel that the decision I am disputing was wrong because (give detailed information in support of your position and use an attachment if necessary):

Persons who have information to support my position (include contact information): _____

I request that the following action be taken on this dispute: _____

(Parent/Guardian/Unaccompanied Youth's Signature)

(Date)

----- **For School Use** -----

Date Dispute Resolution Form received by Homeless Liaison: _____

Determination of Homeless Liaison

In compliance with the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Parent/Guardian _____ Unaccompanied Youth _____
(Name) (Name)

After reviewing the information relevant to your dispute my determination is as follows: _____

Explanation for this determination: _____

Notice or Right to Appeal: If you are not satisfied with the determination on this dispute, you have the right to appeal. The appeal is to be filed with the South Milwaukee Superintendent of Schools within seven (7) calendar days of receipt of this decision. For information about an appeal you may contact the State Department of Public Instruction Homeless Children/Youth Coordinator at 608-261-6322.

(District Homeless Liaison)

(Date)

This Determination of the Homeless Liaison was given to the parent/guardian/unaccompanied youth on:

(Date)