RECEIPT OF DISPUTE RESOLUTION INFORMATION
Homeless Education Program

Date: __________________________

I, ____________________________, (parent/guardian/unaccompanied youth) am requesting enrollment for my student(s) or myself in the following school(s):

Student(s): ____________________________ School(s): ____________________________

________________________________________

________________________________________

________________________________________

________________________________________

I have received the explanation of my student’s enrollment. I have also received the following:

1. Contact information for the district’s Homeless Liaison and the Office of the Superintendent of Public Instruction’s Homeless Education Coordinator.
2. A copy of the dispute resolution process.
3. Paperwork to complete if I wish to dispute the district’s decision.
4. Directions on how to complete the dispute resolution paperwork.

I understand that the Bellingham School District will ensure that my student(s)/I will receive the service requested or fully participate in the school where enrollment is sought while the dispute process is carried out.

________________________________________

Parent/Guardian/Youth Signature Date

________________________________________

School District Personnel Signature Date

Bellingham Public Schools Bellingham, WA