

El Dorado County Office of Education Policy
Administrative Regulation

AR 6173

INSTRUCTION

AR – 6173 Education For Homeless Children

EXPLANATION OF ENROLLMENT DECISION

Instructions: The following form is to be used when the county office of education has denied a parent/guardian’s enrollment request.

Date: _____ Name of person completing form: _____
Title: _____ Phone number: _____

In accordance with federal law (42 USC 11432), this notification is being provided to:
Name of parent/guardian: _____
Name of student(s): _____

Name of school requested: _____
County Office of Education’s placement decision (school): _____

After reviewing your request to enroll your child in the school listed above, your enrollment request has been denied. This determination was based upon:

You have the right to appeal this decision to the Superintendent. If you are not satisfied with the Superintendent’s decision, you may appeal to the California Department of Education. The county office of education’s homeless liaison can assist you with this appeal.

You also have the following rights:

* Pending resolution of this dispute, your child has the right to immediately enroll in the school you requested and to participate in school activities at that school.

* You may provide written or verbal documentation to support your position. You may use the county office of education’s dispute resolution form. A copy of the dispute resolution form can be obtained from the county office of education’s liaison for homeless students.

* You may seek the assistance of advocates or attorneys to help you with this appeal.

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AR – 6173 Education For Homeless Children

ENROLLMENT DISPUTE FORM

Instructions: This form is to be completed by a parent/guardian or student when a dispute regarding enrollment has arisen. As an alternative to completing this form, the information on this form may be shared verbally with the county office of education’s liaison for homeless students.

Date submitted:_____

Name of person completing form:_____

Student’s name:_____

Relation to student:_____

I may be contacted at the following:

Address:_____

Phone number:_____

Name of school requested:_____

I wish to appeal the enrollment decision made by:
_____ County Office of Education liaison _____ Superintendent

Reason for the appeal: You may include an explanation to support your appeal in this space or provide your explanation verbally.

I have been provided with:

- _____ A written explanation of the county office of education’s decision
- _____ Contact information for the county office of education’s homeless liaison
- _____ Contact information for the CA Department of Education’s homeless liaison