



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

ENROLLMENT DISPUTE/RESOLUTION

Date: _____

SECTION I

ENROLLMENT DISPUTE: In compliance with Section 711(g)(3)(B) of the McKinney-Vento Homeless Education Assistance Act of 2001, the following written notification is provided to:

Parent/Guardian/Complaining Party Name:		Phone:
Student's Name:	Grade:	ID#
Student's Name:	Grade:	ID#
Student's Name:	Grade:	ID#
Student's Name:	Grade:	ID#
Relationship of plaintiff to the student?		
Student Address:		Student Home Phone:

School Name:	Phone:
School Address:	Fax:
School Principal:	

After reviewing your request to enroll the student(s) listed above, the enrollment request is denied. This determination was based upon:

The student(s) listed above has (have) the right to be immediately enrolled in the school of choice pending resolution of this dispute. §722 (g)(3)(E)(i). Conditional enrollment will be granted to the student(s) pending the outcome of the dispute.

Principal's Signature

Date

You have a right to appeal this decision by signing below. The campus principal will notify the SAISD Coordinator, Family/Student Support and/or you may call:

M. Estella Garza, Coordinator, Family/Student Support
Guidance and Counseling Department
1702 N. Alamo St., Suite 213
Office: 210-227-1206 Fax: 210-227-4737

Please sign below should you desire to dispute the campus enrollment decision above.

Parent/Legal Guardian Signature

Date

SECTION II

ENROLLMENT RESOLUTION: *(Resolution action taken)*

Was dispute resolved? *Circle one* YES NO

Coordinator-Family/Student Support Signature

Date