



Karns City Area School District

DISPUTE RESOLUTION FORM

This form is to be completed by the parent/guardian or unaccompanied youth when a dispute arises over school enrollment. The information may be shared verbally with the Homeless Liaison instead of completing this form. The Homeless Liaison can be contacted at 724-445-3680.

Date submitted: _____

Student(s): _____

Person completing form: _____

Relation to student(s): _____

I may be contacted at (phone or e-mail): _____

I wish to appeal the enrollment decision made by: _____

School: _____

I have been provided with written explanation of the school's decision (check one):

- Yes No

You may include a written explanation to support your appeal in this space, or you may provide your explanation verbally.

Signature of person submitting dispute:

Return completed Form to school or Homeless Education Program office.

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

Fax a copy of this completed form to the HEP office at 724-445-2776

Give a copy to the parent/guardian or unaccompanied youth.

Maintain the original at school.

Date received by the Homeless Liaison: _____