

SPEARFISH SCHOOL DISTRICT
HOMELESS DISPUTE FORM

Code 1240FM

School Name: _____

School Address: _____ Phone: (605) _____ Fax: (605) _____

Student's Name: _____ Grade: _____

Current Address: _____ Current Phone: _____

Parent/Guardian/Complaining Party's Name _____

Relationship: Parent Guardian Unaccompanied Youth Other: _____

Current Address: _____ Current Phone: () _____

Please note: Information regarding student's address, phone number, and information protected by Everyday School Records Act and can only be released to parent/guardian, the student, or to a person specifically designated as a representative of the parent/guardian.

Lives in a Shelter Yes No

Name of school that parent chooses child to be immediately enrolled in and/or transported to/from until dispute is resolved:

Is this the school of origin*? Yes No

**School of Origin means the school that the child attended when permanently housed or the school in which the child was last enrolled.*

If no, from which school was the student transferred? _____

Reason for the Complaint: _____

Signature of parent/guardian/complaining party: _____ Date: _____

Principal's Actions on the Complaint

Taken within ____ school day(s) after receiving notice of the complaint.

Date Homeless liaison was notified of the dispute: _____

Action taken by principal to resolve the dispute:

Was the dispute resolved? Yes No

Explanation: