

PICAYUNE SCHOOL DISTRICT
Homeless Dispute Resolution Process Form

School Name: _____

School Address: _____ Phone: _____ Fax: _____

Student's Name: _____ Grade: _____ MSIS ID # _____

Parent/Guardian/Complaining Party's Name: _____

Relationship: _____ Parent _____ Guardian _____ Unaccompanied Youth _____ Other

Current Address: _____ Phone: _____

Please note: Information regarding student's address, phone number, and cumulative school record 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 the 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?

Complaint:

Signature of parent/guardian/complaining party: _____

Date: _____

Principal's Actions on the Complaint:

Was the dispute resolved? _____ Yes or _____ No

Explanation:

Signature District Homeless Liaison: _____

Date: _____