

Pennsylvania's Education for Children and Youth Experiencing Homelessness – Dispute Letter

Date:	
Pennsylvar 333 Marke	dinator for Children and Youth Experiencing Homelessness nia Department of Education t Street, 5th Floor , PA 17126-0333
Dear State	Coordinator:
My name is	s, My child(ren) attend school in
the	School District.
	help with the following problem(s). I have checked the box that fits my situation. I ded a brief statement in the space provided. The school district would not enroll my child (children).
	Child(ren) couldn't begin school because they didn't have all their medical and/oschool records.
	Child(ren) not permitted to stay in their current school.
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	Special education testing/placement services denied or unavailable.
	School District will not provide transportation to stay in the current school.
	Other
	I have written on the reverse side what has already been done to help me. (Optional)
Please call me	at (), or at ()
Or, you can w	rite to me at: (print full address)
Thank you in a	advance for looking into this matter.
	Parent Name