



Orange County Department of Education

Student Services and Programs Division

200 Kalmus Drive, P.O. Box 9050

Costa Mesa, CA 92626-9050

(714) 327-1051

OFFICE USE ONLY

Date received: _____

Received by: _____

ENROLLMENT DISPUTE APPEAL FORM

This form is to be completed by the parent (or other educational rights holder) or the student to appeal a decision by a school district under the jurisdiction of the Orange County Department of Education (OCDE) regarding the student's eligibility, school selection, or enrollment. Once received, the OCDE Homeless Coordinator (county liaison) will resolve the dispute within five working days.

STUDENT INFORMATION

STUDENT'S FIRST NAME	STUDENT'S LAST NAME	DATE OF BIRTH	GENDER
STUDENT'S ADDRESS – NUMBER, STREET, APARTMENT NUMBER, CITY, STATE, AND ZIP CODE			
NAME OF PARENT/GUARDIAN	RELATIONSHIP TO STUDENT	NAME OF PARENT/GUARDIAN	RELATIONSHIP TO STUDENT
ADDRESS OF PARENT/GUARDIAN – NUMBER, STREET, APARTMENT NUMBER, CITY, STATE, AND ZIP CODE			
<input type="checkbox"/> Same as above <input type="checkbox"/> Different:			
HOME PHONE NO.	CELL PHONE NO.	WORK PHONE NO.	EMERGENCY PHONE NO.
EMAIL ADDRESS OF PARENT/GUARDIAN		BEST PHONE NO. TO CALL	BEST TIME TO CALL

SCHOOL ENROLLMENT INFORMATION

SCHOOL NOW/WAS ATTENDING	SCHOOL DISTRICT	COUNTY	GRADE	START DATE	END DATE
SCHOOL OF RESIDENCE	SCHOOL DISTRICT	COUNTY	HAS THE STUDENT EVER ATTENDED?		
			<input type="checkbox"/> No <input type="checkbox"/> Yes, for grade(s):		
SCHOOL REQUESTED	SCHOOL DISTRICT	COUNTY	HAS THE STUDENT EVER ATTENDED?		
			<input type="checkbox"/> No <input type="checkbox"/> Yes, for grade(s):		

Issue of dispute: ☐ Eligibility ☐ School selection ☐ Enrollment

Appeal of the decision made by: ☐ District Liaison ☐ District Superintendent ☐ County Liaison

Please describe the reason for the appeal. (Attach any supporting documentation and/or additional pages.)

The following was/were provided to the parent and student by the school district: (check all that apply and attach)

- ☐ A written explanation of the school district's decision
- ☐ Contact information for the school district's homeless liaison
- ☐ Contact information for the county office of education's homeless liaison
- ☐ Contact information for the state homeless liaison

Name of person submitting the appeal

Signature

Date