

ILLINOIS STATE BOARD OF EDUCATION

Accountability Division
100 North First Street, E-230
Springfield, IL 62777-0001

**HOMELESS EDUCATION PROGRAM
LETTER OF DISPUTE**

Date _____

State Coordinator, Homeless Education Program
Illinois State Board of Education
100 North First Street, E-230
Springfield, IL 62777-0001

Re: Homeless Dispute

Dear State Coordinator:

My name is _____.

My child(ren) attend school in the _____ School District.

I need your help with the following problem(s). I have checked the box that best fits my situation and have included a brief statement in the space provided.

The school district would not enroll my child/children. _____

Child(ren) could not begin school because they did not have all their medical and/or school records.

Child(ren) were not permitted to stay in their current school. _____

Special Education testing/placement services were denied or unavailable. _____

School district will not provide transportation to stay in their current school. _____

Other _____

I have written on the reverse side of this letter what has already been done to help me. (Optional)

Please call me at (_____) _____ - _____, or at (_____) _____ - _____. Or, you can write to me at the following address: _____

Thank you in advance for looking into this matter.

Sincerely,

Parent/Guardian Name