

Pennsylvania Department of Education

Pennsylvania's Education for Children and Youth Experiencing Homelessness Program

Date:

State Coordinator

Education for the Children and Youth Experiencing Homelessness

Pennsylvania Department of Education

333 Market Street, 5th Floor

Harrisburg, PA 17126-0333

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 fits my situation. I have included 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/or school records.

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

- 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 write to me at: (print full address) _____

Thank you in advance for looking into this matter.

Parent Name