



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

Date:

State Coordinator  
Education for Children and Youth Experiencing Homelessness  
Pennsylvania Department of Education  
333 Market Street, 5th Floor  
Harrisburg, PA 17126-0333

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).

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Child(ren) couldn't begin school because they didn't have all their medical and/or school records.

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

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Special education testing/placement services denied or unavailable.

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School District will not provide transportation to stay in the current school.

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Other

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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)

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Thank you in advance for looking into this matter.

\_\_\_\_\_  
Parent Name