



**District School Board of Pasco County
Students in Transition Program
5334 Parkway Blvd.
Land O' Lakes, FL 34639**

813-794-4980

727-774-4980

352-524-4980

Federal regulations require that the District School Board of Pasco County adopt procedures for receiving and resolving disputes pertaining to transition of children and youth experiencing homelessness as identified under the McKinney-Vento Act.

If the dispute arises over school selection or enrollment, the child/youth must be immediately enrolled in the school in which he/she is seeking enrollment, pending resolution of the dispute. Enrollment is defined as "attending classes and participating fully in school activities."

Process

A transportation request will be submitted upon the determination of homelessness if requested by the parent/guardian. The Students In Transition (SIT) staff will notify the parent/guardian of the determination of placement using the form entitled *Notification of School Placement and Appeal Process* (See Attachment A). If the parent/guardian is not in agreement with the decision the District's Homeless Liaison will carry out the dispute resolution process as expeditiously as possible. The Homeless Liaison must ensure that the dispute resolution process is also applicable to unaccompanied youth.

If the dispute is unable to be resolved by the Homeless Liaison a written complaint should be submitted to the Supervisor of Student Services, District School Board of Pasco County 7227 Land O' Lakes Blvd., Land O' Lakes, FL 34638 (727) 794-2442; (813) 794-2442; (352) 524-2442. A conference and written response will be completed within five days of receipt of the complaint.

If the dispute remains unresolved at the District level or is appealed, then the District's Homeless Liaison shall provide to the parent or guardian the *FDOE School Dispute Resolution Appeal Process* form (See Attached B). The Homeless Liaison will forward all written documentation and related paperwork to Florida Department of Education (FLDOE) at the state level via mail to:

Director of Homeless Education Program
Florida Department of Education
325 West Gaines St., Room 352
Tallahassee, FL 32399-0400
PHONE: 850-245-0668
FAX: 850-245-0697



ATTACHMENT A

District School Board of Pasco County
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Notification of School Placement Denial and Appeal Process

Date: _____

Student No. _____

Student Name: _____

Parent/Guardian Name: _____

Summary of request including date of request and details:

Reason for denial:

Factors staff used in making this decision include:

- | | |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Parent / student desire | <input type="checkbox"/> Length of anticipated stay in temporary shelter or other |
| <input type="checkbox"/> Safety issues | <input type="checkbox"/> The commuting distance and impact on student's education |
| <input type="checkbox"/> Age of the child | <input type="checkbox"/> Students need for special instruction |

SIT Staff name and signature:

SIT Appeal Procedure

Level I: If the school placement of the parent, guardian or unaccompanied youth's choice is denied, the parent, legal guardian or unaccompanied youth may file a verbal or informal appeal with the SIT Liaison. The Liaison must respond within five days.

Level II: If resolution is not met with Level I appeal may continue by filing a written complaint to Supervisor of Student Services 7227 Land O' Lakes Blvd., Land O' Lakes, FL 34638 (727) 794-2442; (813) 794-2442; (352) 524-2442. A conference or written response will be completed within five days of receipt of the complaint.

Level III: If resolution is not attained, parent/guardian may file a written appeal to the State Coordinator of Homeless Education, FLDOE, 325 West Gaines Street, Room 352, Tallahassee, FL 32399

ATTACHMENT B

**Florida Department of Education
School Dispute Resolution Appeal Process Form
(Student vs. District School Board of Pasco County)**

Student's Name/I.D. #: _____

Student's Grade: K 1st 2nd 3rd 4th 5th 6th
 7th 8th 9th 10th 11th 12th

Requested School Name: _____

Requested School Address: _____

Requested School Phone: _____

Is the requested school the same as the school of origin? Yes No

If "No," what is the name of the school of origin: _____

Local Homeless Liaison and phone number: _____

The parent, guardian, unaccompanied youth, or other designee should fill out the following:

Did you receive a school placement decision in writing from the local homeless liaison, school, or school district that included information on your right to appeal this decision? Yes No

If "Yes," when did you receive it? Date: _____

Why are you appealing the school district's decision? (Please attach additional pages as needed.)

Which rights do you feel the school or school district have not honored? (Please attach additional pages as needed.) _____

Form completed by: _____

Relationship: Parent Guardian Unaccompanied Youth Other: _____

Current Phone: _____

Current Address _____

Signature of Person Completing Form

Date

Note: Please return this form and a copy of the written school placement decision to the Florida Department of Education no later than ten days after you receive the school district's written decision.

Please have the homeless liaison fax this form with the accompanying document(s) to:

**Florida Homeless Education Coordinator
Florida Department of Education
850-245-0697**