## New Mexico Public Education Department Students Experiencing Homelessness or Unaccompanied Youth Dispute Resolution Form

(This form should be used for the dispute resolution process for students experiencing homelessness or unaccompanied youth in regards to eligibility, school selection, enrollment or transportation.

Note: LEAs/State Charter Schools with unresolved disputes shall forward this form along with the LEA's/State Charter School's written explanation of the school's decision to the Public Education Department's homeless liaison within five calendar days of the LEA's final decision. The filing of these documents shall be deemed to satisfy the requirements of paragraphs 1 through 4 of Subsection A of 6.10.3.8 NMAC.

Da	ate:							
Ne Str Me 12	ew Mexico udent Suc c-Kinney	plete all information and mail to: o Public Education Department cess and Wellness Bureau Vento State Director Federal Place, Room 206 M 87501						
I.	School	School District or State Charter School Information:						
	School district or state charter school serving the student:							
	b.	Name of the school district or state charter school point of contact for students experiencing homelessness:						
	c.	peen enrolled most recently:						
	e dispute							
	Na	me	Phone	Email				
	Na	ime	Phone	Email				
	Na	me	Phone	Email				
II.	Inform	nation Regarding the Person(s) Re	equesting Dispute Resolution :					
		a. Person(s) Name(s):						
		b. Relationship to Student: I am the unaccompanied Parent Advocate Other:						
		c. Address (or available contact	information):					

d. Phone nun	nber(s):				
Home	Work				
Cell	Email:				
Student Inform	nation				
If the dispute is regarding a student experiencing homelessness or unaccompanied youth, please provide the following information:					
a. Student's	Full Name:				
b. Student's	Date of Birth:				
c. Student's	Address (or available contact information):				
d. School Stu	dent Currently Attends:				
Representative Information (optional)					
a. Are you us	a. Are you using another personnel to assist you in resolving this dispute:				
Attorney _	Attorney Other Representative				
b. If using an	b. If using any of the above, please identify:				
Name:	Title:				
Address: _					
Phone nun	nber(s):				
Work _					
Cell _	Fax				
Details Concerning the Dispute:					
E S E T	ute in reference to: ligibility chool Selection nrollment in school of origin ransportation ther				

c.	Please describe the dispute with the school district or state charter. (Who? What? Where? Why?) Attadocuments that support your position.				
Eff	Efforts Made to Resolve the Dispute				
the	tcome of efforts made at the local level to resolve the dispute: District/Charter School to resolve the dispute. Attach document one calls, etc.				
	oposed Resolution				
	scribe a proposed resolution(s) to the dispute to the extent know	vn:			
Sig	gnature and Date:				