



Tarrant City Schools
Empowering Learners Today To Be Leaders Tomorrow
Tarrant City Board of Education
1318 Alabama Street
Tarrant, AL 35217
205-581-5516

Homeless Dispute Resolution Letter

Date: _____

Dear: Director of Federal Programs

My name is _____ and my contact number is _____.
(Parent/Guardian's Name) (Phone Number)

My child(ren) attend schools in the _____ School District. The District's contact name and phone number: _____.

	Child/Student(s) Name, List below	Grade
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

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 below:

- 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.
- The school district will not provide transportation to stay in the current school.
- Other, Please explain.
- I have written above what has already been done to help me. (Optional).

Thank you in advance for looking into this matter.

Parent's Signature