

ACCREDITED BY



# DALE COUNTY BOARD OF EDUCATION

OFFICE OF SUPERINTENDENT  
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FY 2024

## School Foster Care STUDENT ENROLLMENT DISPUTE FORM

School Name: \_\_\_\_\_ School Address \_\_\_\_\_

School Telephone Number \_\_\_\_\_

School Fax Number \_\_\_\_\_

Students Name: \_\_\_\_\_ SSN/SN: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Address: \_\_\_\_\_

E-911 Address (Street Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Current Telephone Number \_\_\_\_\_

### Complainant Information

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

*Note: Student information regarding address, telephone number, information protected by Everyday School Records Act can be released only to parent, guardian, the student, or a person specifically designated as a representative of the parent or guardian.*

Name of school that complainant chooses student to be immediately enrolled in and/or transported to/from until dispute is resolved: \_\_\_\_\_

Is this the school of origin? \_\_\_\_\_ If no, from which school was the student transferred? \_\_\_\_\_

Reason for Complaint \_\_\_\_\_

Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_

**You may contact the state coordinator if further help is needed:**

**Ashley Cawley, State Coordinator for Homeless Education**

**Sally Meek, State Coordinator Foster Care**

**Alabama Department of Education**

**Office: (334) 694-4516**

**FAX: (334) 694-4965**

### School Use Only

Principal's Action on the Complaint

Taken within \_\_\_\_\_ school day(s) after receiving notice of the complaint.

Date central office contact person was notified of the dispute: \_\_\_\_\_

Action taken by the principal to resolve the dispute: Was the dispute resolved? \_\_\_\_\_