

**Pennsylvania Department of Education  
Pennsylvania Homeless Children's Initiative**

Date:

State Coordinator  
Education for Homeless Children & Youth Program.  
Pennsylvania Department of Education  
333 Market Street, 5th Floor  
Harrisburg, PA 17126-0333

Re: Homeless Dispute

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).  
\_\_\_\_\_  
\_\_\_\_\_
- 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.  
\_\_\_\_\_  
\_\_\_\_\_
- School District will not provide transportation to stay in the current school.  
\_\_\_\_\_  
\_\_\_\_\_
- Other \_\_\_\_\_  
\_\_\_\_\_
- 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) \_\_\_\_\_

Thank you in advance for looking into this matter.

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