

Sidney School District

R

STUDENTS

3125

**MCKINNEY-VENTO HOMELESS EDUCATION ASSISTANCE
DISPUTE RESOLUTION FORM**

School District: _____ Liaison: _____
Telephone: _____

Date of first contact by homeless individual, guardian, or representative: ____/____/____

Homeless Student's Name: _____

Describe the issue(s) in question:

School District Contact: _____ Telephone: _____
(Superintendent/Principal)

Date: ____/____/____ (within 7 business days)
Resolution of Liaison/School District Level *(describe below)* ____ or
Forwarded to OPI Homeless Coordinator *[please contact at (406) 444-2036]* ____

Date: ____/____/____ (within 15 business days)
Resolution to OPI Homeless Coordinator Level *(describe below)* ____ or
Forwarded to Superintendent of Public Instruction ____

Describe Resolution Results:

Homeless Coordinator Signature: _____

This form must be filed with
Heather Denny
Homeless Coordinator
Office of Public Instruction
Po Box 202501
Helena, MT 59620-2501

Policy History:
Adopted on:
Reviewed on:
Revised on: