



**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