ENROLLMENT COMPLAINT LETTER

Parent's/Guardian's Na	ne
Address	
Contact Information	
Principal's Name	
School Name	
School Address	
Sent by fax to 717-214-4	389 and/or email to mwashington@pa.gov and/or via U.S. Mail
Monica Washington School Services Unit Pennsylvania Department 333 Market Street Harrisburg, PA 17126 - 03	
	nent Dispute of (child's name) (child's date of birth)
Dear Ms. Washington,	
abovenamed student(s) o	that School District is refusing to enroll the r is otherwise violating 22 PA Code §11.11. The child's parent/guardian, PA. As of today, this child has been out of school for approximately
age, residency in the dis	ate documentation was submitted to the District to establish the child's strict, and immunizations. An Act 26 Statement or Parent Registration form ne issues was also submitted. The District has refused to enroll this all that apply):
	ations residency and the Act 26 form was found to be insufficient

Specifically, I provided	but the District required
□ The District claimed I was not authorized to enroll the child.	I am child's (check category):
Parent; Guardian; Foster Parent; Case Worker;	
Caregiver with whom child resides; Other person with "char	ge or control" of the child
□ Improper documents were required: (Check all that apply)	
Photo identification; Social Security Number; Visa;	Driver's License;
Court Order; Physical Exam; Dental Exam; Imm	igration Status;
Other:	
 Although I supplied all required documentation, the school d student within 5 business days. Specifically: 	istrict has not enrolled this
□ Although the current school district has requested the child's school district, these prior records has school is refusing to enroll the child on this basis.	-
□ I was unable to complete the enrollment process because I at the school did not provide appropriate interpretation and/or tran	
$\ \square$ The school district inquired into my/the child's immigration \circ	status. Specifically:
□ Although I meet the requirements to attend school as an emandistrict is refusing to enroll me. Specifically:	-
□ Other Reason:	

The District has violated 22 Pa Code 11.11, and I hereby request that the Department investigate and take appropriate corrective action. I understand that PDE will contact or fax a letter to the school district within five business days of receiving this complaint. Please send a copy of this letter to me. The school district then has five business days to respond.

Thank you very much for you	prompt attention to this matter. Please acknowledge receip	t of this
letter by phone [or email if a	ppropriate] and let me know if you need any additional inform	mation.
Sincerely,		
	(SIGNATURE)	
	(TYPE/PRINT NAME)	
Phone Number:	Email:	

KEEP A COPY OF THIS LETTER FOR YOUR RECORDS