

**Alabaster City Schools  
WRITTEN DISPUTE FORM**

School Name\_\_\_\_\_

School Address\_\_\_\_\_

School Phone #\_\_\_\_\_ School Fax #\_\_\_\_\_

Student's Name\_\_\_\_\_ SSN\_\_\_\_\_

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

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_ Phone #\_\_\_\_\_

**Complainant Information**

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

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

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_ Phone #\_\_\_\_\_

Date\_\_\_\_\_

Summary of events regarding dispute\_\_\_\_\_

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Name of school personnel involved in enrollment decision\_\_\_\_\_

Result of presentation of the oral complaint to homeless liaison\_\_\_\_\_

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Result of presentation of the oral complaint to homeless  
liaison \_\_\_\_\_

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