



Appeal Form (Homeless Students)

(Fill in and sign the top part of this form and give it to the principal at your child's school.)

Student's Name: _____

Name of School: _____

Student ID No.: _____

Student's Address:

Telephone Number: _____ Alternate Contact: _____

Name of Person Requesting Appeal: _____

Relationship: _____

On _____, I requested the following for this student: _____
(date)

The request was denied. I want to appeal this denial because _____

Signed: _____ Date: _____
(Parent's or Guardian's Signature)

Principal's Decision (due as soon as possible but not more than five (5) school days after receipt)

Your request is granted.

The denial is upheld because _____

Principal's Signature

Date

Parent/Guardian Response

I agree with this decision. _____

Parent/Guardian Signature

Date

I do not agree with this decision.

Note to the Principal: Please fax this decision to the Homeless Education Coordinator. If the parent or guardian does not agree with this decision, or does not check either box, please also fax this form immediately to the Office of Appeals at 301-952-6765.

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