ECTOR INDEPENDENT SCHOOL DISTRICT

DISPUTE RESOLUTION FORM

[Refer to Board Policy FNG(LOCAL) for procedures and requirements]

LEVEL:			
 Principal or designee Superintendent or designee Board of Trustees 			
STUDENT'S/PARENT'S NAME:			
Home Phone:			
STUDENT'S/PARENT'S ADDRESS:			
	Street		City State Zip
Email Address:			
School:	<u> </u>		
Name, address, telephone and en	nail address of repre	esentative, if any:	
Date Concern/Dispute Occurred:		Date Filed:	
Statement of Concern/Dispute:			
(Include citation of statute, Board	policy or District pro	actice allegedly violated.)	

ECTOR ISD-FANNIN COUNTY FNG(LOCAL)-A UPDATE 120 DATE ISSUED: 1/6/2023

ECTOR INDEPENDENT SCHOOL DISTRICT

DISPUTE RESOLUTION FORM

Remedy Requested:	
	Signature of Student/Parent Date
LEVEL I:	
1. Date received by principal/designee:	
2. Disposition by principal/designee:	
	Signature of Principal/designee Date
(Return original form to stude	ent/parent. Retain a copy for your file.
I do not accept the above decision and am referring it to the next le	vel.
(Submit a copy to the Administration Office.)	
	Signature of Student/Parent Date

ECTOR ISD-FANNIN COUNTY FNG(LOCAL)-A UPDATE 120 DATE ISSUED: 1/6/2023

ECTOR INDEPENDENT SCHOOL DISTRICT

DISPUTE RESOLUTION FORM

LEVEL II:	
1. Date received Superintendent:	
2. Disposition by Superintendent:	
	Signature of Principal/designee Date (Return original form to student/parent. Retain a copy for your file. Submit a copy to the Administration Office.)
I do not accept the above decision and am re (Submit a copy to Administration Office.)	ferring it to the next level.
(Submit a copy to riaministration office.)	
_	Signature of Student/Parent Date
LEVEL III:	
Date received by Administration Office:	
(Return original form to student/parent. Reta Trustees.)	ain a copy for your file. Submit a copy to the Board of

ECTOR ISD-FANNIN COUNTY FNG(LOCAL)-A UPDATE 120 DATE ISSUED: 1/6/2023