

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 student/parent. Retain a copy for your file.)

I do not accept the above decision and am referring it to the next level.

(Submit a copy to the Administration Office.)

Signature of Student/Parent Date

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 referring it to the next level.
(Submit a copy to Administration Office.)

Signature of Student/Parent Date

LEVEL III:

Date received by Administration Office: _____

(Return original form to student/parent. Retain a copy for your file. Submit a copy to the Board of Trustees.)