



School District of Brevard County

Name of Parent/Guardian \_\_\_\_\_ Name of Student \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Grade Level When Dispute Occurred: \_\_\_\_\_

School District: \_\_\_\_\_ School: \_\_\_\_\_

Parent or Guardian Contact Information: \_\_\_\_\_  
(Email Address) and (Phone Number)

Mailing Address: \_\_\_\_\_  
(Street)

(City, State, ZIP)

CLASSIFY THE NATURE OF

DESCRIBE THE DISPUTE WITH THE SCHOOL

Briefly describe the dispute with the school that you are requesting to be mediated by the District.

[Empty box for describing the dispute]

RESOLUTION

Yes  No As the parent/guardian, I have attempted to resolve the dispute with the school by utilizing all of the procedures adopted by the school to resolve the dispute or concern. Please attach the responses received from the school.

\_\_\_\_\_ Date Parent/Guardian reported the Dispute or Concern to the School (Please attach response).

\_\_\_\_\_ Date School Principal Responded to Dispute or Concern (Please attach response).

Describe the Resolution Requested from the School and School District:

[Empty box for describing the resolution requested]

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Date

HOW TO SUBMIT THIS FORM TO THE SCHOOL DISTRICT OF BREVARD COUNTY

This