



Enrollment Audit Appeals Form SY 2013-2014

School Name _____
School Code _____
LEA Contact: _____
Phone: _____
Fax: _____
Email: _____

Type of Appeal Issue (Check all that apply):

- Extra Student(s) (Auditor roster > LEA roster)
- Missing Student(s) (Auditor roster < LEA roster)
- Residency Status
- ELL/LEP Status
- Absent student(s)
- Student Grade level/ Other Demographics
- Other (please specify): _____

Appeals Supporting Documentation (*List of all support documentation included with appeal.*
Please refer to the Enrollment Audit Appeals Guide, SY 2013-2014 for types of documentation.)

I certify that the information provided to OSSE is accurate and reflects the above identified LEA's enrollment audit appeal.

Head of LEA or Designee (Printed Name)

Date

Head of LEA or Designee Signature