

2018-2019 May Appeal Form

DUE DATE: June 1, 2018

Educational Placement Center
555 Franklin Street, Room 100
San Francisco, CA 94102 415.241.6085



The Appeals Process

The Medical and Family Hardship Appeals Committee is convened after each placement period and conducts a review of students who submit an appeal based on either medical or family hardship. If an appeal is approved, it is sent to the Educational Placement Center for assignment into a school that can meet the student's needs and that has space available. We need to consider a school's capacity when placing students whose appeal has been approved.

Appeals are granted on the basis of the documentation provided to the Appeals Committee, which is convened only for the purpose of conducting reviews at specific times in the enrollment cycle. Its members are not available to talk with families regarding their appeal. You

may direct questions or additional documents regarding appeals to the staff at the Educational Placement Center. However, the staff at the EPC are not involved in the appeals process, nor do they have the authority to override the decisions of the Appeals Committee.

Appeals are considered only for cases where the student's needs cannot be met at the assigned school. **Approved appeals are granted for ONE SCHOOL ONLY** that can meet the student's needs and cannot be used for placement into multiple schools.

Appeal forms can be obtained from the EPC or from the District's website and returned at the appropriate deadline in order to be reviewed.

Medical Appeals

Students with a serious medical condition that cannot be accommodated at the assigned school can file a medical appeal. Medical appeals must be related only to a student's medical condition and not those of parent or other family members. Problems that are common to large numbers of students—such as motion sickness or asthma—do not constitute a medical hardship.

We can consider medical appeals only for students who have a serious, documented medical condition that cannot be met at the assigned school. You will need to provide all of the following information:

- A completed and signed "May Appeal Form".
- A completed and signed Medical Provider's Verification section that contains documentation by a licensed physician of the student's current, existing medical condition and special need(s). This must include specific information regarding necessary conditions, programs and restrictions that impact the student's ability to attend his/her assigned school.

Decisions made by the Medical and Family Hardship Appeals Committee are final and cannot be further appealed.

Family Hardship Appeals

Parents/guardians may file a Family Hardship Appeal if they can demonstrate that they have a unique hardship that cannot be met at the assigned school. Such hardships may be the result of a unique family situation. Extenuating circumstances can be considered only for family members living in the same house as the student.

Problems that are common to large numbers of families do not constitute a unique family hardship. The Appeals Committee will not consider appeals solely based on issues such as transportation, proximity, convenience, or curricular program offerings at schools.

Permanent, full-time school district staff who live in San Francisco and who wish to have their child attend the school where they currently work (and have worked for at least three years) may submit and be granted an appeal.

We can consider family hardship appeals only if you provide all of the following information:

- A completed and signed "Medical and Family Hardship Appeals Application Form."
- A completed and signed "Medical Provider Verification" form if the family hardship is based on a medical condition of a parent/guardian
 - One proof of address for any parties mentioned as part of the Family Hardship Appeal who are not listed as a parent/guardian. Any one of the following documents are acceptable: utility bill dated within 45 days, auto insurance policy, homeowner's/renter's insurance policy, property tax statement, letter from a social services/governmental agency dated within 45 days.
 - Other supporting documents or statements

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1 Type of Appeal

Is this a **Family Hardship** Appeal? **Yes** **No**

Are you appealing for **twins**, triplets or multiples to be placed in the same school? **Yes** **No or N/A**

Is this a **Medical** Appeal? **Yes** **No** **For Student**

(Requires Medical Provider's Verification step (4) to be completed if Yes)

For Parent/Guardian

Are you permanent, full-time **school district staff** who live in San Francisco and wish to have your child attend the school where you currently work (and have worked for at least three years)? **Yes** **No or N/A**

2 Student Information

Student's Last Name

First Name

Date of Birth

M	M	D	D	Y	Y	Y	Y
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Home Address

Grade

Appeal School:

Student ID # (HO#):

Approved appeals are granted for **ONE SCHOOL ONLY**

3 Description of Appeal:

List specific reasons why the Round 2 assigned school cannot provide for your family's unique hardship or Medical Appeal: (you may attach detailed letters of appeal, but please summarize your reasons in the space provided below (attach additional pages if needed):

4 Medical Provider's Verification:

(REQUIRED FOR STUDENT MEDICAL APPEALS AND FAMILY HARDSHIP RELATED TO PARENT GUARDIAN MEDICAL CONDITION)

Name of Medical Provider:

Medical Provider's License Number: Telephone:

Clinic/Hospital Address:

Medical Provider's Signature: _____ Date: _____

• Description of medical condition (attach additional pages if needed): _____

• How does the student's current school provide for this medical condition? _____

• Specific reason why assigned school cannot provide for the medical condition: _____

5 Parent/Guardian Information:

Be advised that materials that you have submitted to the San Francisco Unified School District in evidence of your family's unique family hardship or Medical Appeal will be reviewed carefully. If the District has any doubt as to the veracity of your response, all of your materials will be forwarded to the District's Legal Office for further investigation. If such an investigation reveals that you included fraudulent information, the District will seek legal action against you for the cost of investigating the case.

I, (Name of Parent/Guardian) (Print) _____, verify that I have read and understood the above paragraph and swear under penalty of perjury that all information submitted regarding my family's hardship is true and accurate. I authorize the San Francisco Unified School District to contact medical provider regarding any medical condition.

Parent/Guardian Signature: _____ Date: _____

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EPC OFFICE USE ONLY

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Date: **Taken By (Print Name)**

Initial:

May Assignment Offer: