

[Print on School District Letterhead]

[Date]

[Insert Name of Parent/Guardian]
[Insert Street Address]
[Insert City], NE [Insert Zip Code]

RE: Option Enrollment; [Insert Name of Student]

Dear [Name of Parent/Guardian]:

I am writing to notify you of the rejection of your:

- ___ option enrollment application
- ___ request for a release approval.

Reason for Rejection: The reason for the rejection is that your application or request does not meet the conditions for approval that are set forth in the District's option enrollment policy and/or state law. Additional reasons for the rejection are set forth in the completed application form, which is enclosed.

Appeal Process: The parent or legal guardian may appeal a rejection of an application or of a request to release. The appeal is to be filed with the State Board of Education within thirty days after the date the notification of rejection is received. A sample petition form for an appeal can be found in Appendix A of the Nebraska Department of Education's Rule 61 (<http://www.nde.state.ne.us/LEGAL/RULE61.html>).

Sincerely,

Douglas County West Community Schools

Dr. Melissa Polonic, Superintendent

Enclosure: Completed Option Enrollment Application

Sent via certified mail