Written Notification of Decision

This form is to be completed by the school when a disagreement arises between the school and a parent, guardian, or unaccompanied youth over McKinney-Vento eligibility, school selection, or enrollment in a school.

Date: _________________________________

Name of person completing form: ____________________________________________

Title of person completing form: ____________________________________________

Name of school: __________________________________________________________

In compliance with 42 U.S. C. § 11432(g)(3)(E) of the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Name of Parent(s)/Guardian(s): ____________________________________________

Name of Student(s): ______________________________________________________

After reviewing your request regarding eligibility, or school selection or enrollment in a school for the student(s) listed above, the request is denied. This determination was based upon:

You have the right to appeal this decision by completing the second page of this form or by contacting the school district’s local homeless education liaison.

Name of local liaison: ________________________________

Phone number: ________________________________
Email: ___________________________________________

In addition:

- The student listed above has the right to enroll immediately in the requested school pending the resolution of the dispute.
- You may provide written or verbal communication(s) to support your position regarding the student’s enrollment in the requested school. You may use the form attached to this notification.
  - You may contact the State Coordinator for Homeless Education if further help is needed or desired. Contact information for the State Coordinator: You may seek the assistance of advocates or an attorney. A copy of our state’s dispute resolution process for students experiencing homelessness is attached.
Written Notification of Decision

To be completed by the parent, guardian, or unaccompanied youth when a dispute arises. This information may be shared verbally with the local liaison as an alternative to completing this form.

Date: ____________________________________________

Student(s): _______________________________________

Person completing form: ____________________________________________

Relation to student(s): ____________________________________________

I may be contacted at (phone or e-mail): ____________________________________________

I wish to appeal the enrollment decision made by: ____________________________________________

Name of School: ____________________________________________

I have been provided with (please check all that apply):

_____ A written explanation of the school’s decision.

_____ The contact information of the school district’s local homeless education liaison.

_____ A copy of the state’s dispute resolution process for students experiencing homelessness.

Optional: You may include a written explanation in the space below to support your appeal or you may provide your explanation verbally.

The school provided me with a copy of this form when I submitted it. ___________________________ (Please initial.)