**Appendix 8.A 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.

**8.A-**1 **|** *N C H E L o c a l L i a i s o n T o o l k i t :* A p p e n d i x 8 . A W r i t t e n N o t i f i c a t i o n o f D e c i s i o n

**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 the 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.)

**8.A-2 |** *N C H E L o c a l L i a i s o n T o o l k i t :* A p p e n d i x 8 . A W r i t t e n N o t i f i c a t i o n o f D e c i s i o n