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, 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 third 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.
• A copy of our State’s dispute resolution process for students experiencing homelessness is attached.
• You may contact the State Coordinator for Education of Homeless Children & Youth if further help is needed or desired. Contact information for the State Coordinator:

  Ashley L Greene, M.Ed.
  101 Pleasant Street
  Concord, NH 03301
  (603) 271-3840
  Ashley.greene@doe.nh.gov
Written Notification of Decision

This form is 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

_____ The contact information of the State Coordinator for Homeless Education

_____ 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)