

## 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](mailto: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)