



**Written Notification of Enrollment Decision to be completed by the receiving school when an enrollment request is denied.**

Date: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Title of person completing form: \_\_\_\_\_

Name of school: \_\_\_\_\_

In compliance with section 722(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 to enroll the student(s) listed above, the enrollment request is denied. This determination was based upon: \_\_\_\_\_

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

Name of local liaison: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

**STILLWATER PUBLIC SCHOOLS**



Written Notification of Enrollment Decision to be completed by the parent, guardian, caretaker, 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.

\_\_\_\_\_ (initial)

## STILLWATER PUBLIC SCHOOLS