Written Enrollment Decision Notice

This form is to be completed by the local homeless education liaison when an enrollment request is denied.

Date: ________________________________________________________________________________

Name of person completing form: _________________________________________________________

Title of person completing form: ________________________________________________________

In compliance with 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 is based upon:

You have the right to appeal this decision by contacting the school district’s location 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 dispute. You may provide written or verbal communication(s) to support your position regarding the student’s enrollment in the requested school.