

Written Notification of Placement and Enrollment Decision

To be completed by the receiving school when eligibility is denied or an enrollment request is denied.

Date: _____

Name of person completing form: _____

Title of person completing form: _____

Name of district/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: Tina Naillon, 208.332.6904.

*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.*

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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 district/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)