

McCall-Donnelly School District #421

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.

McCall-Donnelly School District #421

Written Notification of Placement and 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 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)