

**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