

## **Appeal 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 Submitted  |  |
|---|--|
| Student Name(s)   |  |
| Person Completing Form  |  |
| Relationship to Student   |  |
| Phone and email   |  |
| I have been provided with:  |  |
| ☐ A written explanation of the decision.  |  |
| $\hfill \Box$ Contact information for the local homeless education liaison.   |  |
| ☐ A copy of the State's Dispute Resolution Process for students experiencing homelessness.  |  |
| ☐ A copy of this form when submitted.   |  |
|   |  |
| <b>Optional:</b> You may include a written explanation to support your appeal in this space or provide your explanation verbally. |  |
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This notice is provided in compliance with Section 722(g)(3)(E) of the 2001 McKinney-Vento Homeless Education Assistance Act.