

# JFABD-E3 - Written Notification of Decision

## **JFABD-E3 - Written Notification of Decision**

**(To be completed by school district)**

**This form is to be completed by the school when a disagreement arises between the school and a parent, guardian, or unaccompanied youth over McKinney-Vento eligibility, school selection, or enrollment in a school.**

Date:

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Name of person completing form:

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Title of person completing form:

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Name of school:

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In compliance with 42 U.S. C. § 11432(g)(3)(E) of the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Name of Parent(s)/Guardian(s):

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Name of Student(s):

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After reviewing your request regarding eligibility, or school selection or enrollment in a school for the student(s) listed above, the request is denied. This determination was based upon:

You have the right to appeal this decision by completing the second page of this form or by contacting the school district's local homeless education liaison.

Name of local liaison:

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Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

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: *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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## Written Notification of Decision - JFABD-E3

(To be completed by parent, guardian, or unaccompanied youth)

**To be completed by the parent, guardian, 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:

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Student(s):

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Person completing form:

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Relation to student(s):

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I may be contacted at (phone or e-mail):

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I wish to appeal the enrollment decision made by:

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Name of School:

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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. (Please initial.)

Exhibit Form Revised: October 21, 2020

Cross-Reference: JFABD - Education of Homeless Students

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