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:

_____

Name of person completing form:

_____

Title of person completing form:

_____

Name of school:

_____

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):

_____

Name of Student(s):

_____

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:

_____

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.*

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:

_____

Student(s):

_____

Person completing form:

_____

Relation to student(s):

_____

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

_____

I wish to the appeal the enrollment decision made by:

_____

Name of 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. (Please initial.)

Exhibit Form Revised: October 21, 2020
Cross-Reference: JFABD - Education of Homeless Students

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