

This form is to be completed when a school/district denies the school enrollment choice of a parent, guardian, or unaccompanied youth who is seeking enrollment under the McKinney-Vento Homeless Assistance Act.

Date: _____

Person Completing Form: _____ Title: _____

School: _____ District: _____

School of Origin Local Attendance Area Other

In compliance with section 722(g)(3)(E) of the McKinney-Vento Homeless Assistance Act, this written notice of denial of school enrollment is provided to:

Name of Parent/Guardian/Unaccompanied Youth: _____

Name of Student(s): _____

After reviewing the request to enroll the student(s) listed above, **the enrollment request is denied**. This determination was based upon:

- Personal safety issues Anticipated stay in temporary location
 Age of child or youth Need for special education and related services
 Time remaining in school year Availability of specialized programming at another school
 Other (please specify): _____

You have the right to appeal this decision. You may do so by completing the appeal form attached to this notice or by contacting the district's local homeless education liaison.

Name of Local Liaison: _____ Telephone: _____

In addition:

- Pending the resolution of the dispute, the student(s) listed above has the right to **enroll immediately** in the requested school. The student(s) will also have the right to continue all appropriate educational services, transportation, free meals, and Title I, Part A services.

- You may provide written or verbal communication(s) to support your position regarding the student's enrollment in the requested school. An appeal form is attached.
- You may contact the State Coordinator for Homeless Education at the Idaho State Department of Education if further help is needed or desired.

Name: _____ Telephone: _____

- You may seek the assistance of advocates or attorneys at your own expense.