

Education For Homeless Children

Exhibit 1

**DISTRICT EXPLANATION OF DECISION
RELATED TO ELIGIBILITY, SCHOOL SELECTION, OR ENROLLMENT**

Instructions: The following form provides notice and explanation to a student's parent/guardian or an unaccompanied youth regarding the district's decision related to student eligibility, school selection, or enrollment.

Date: _____ Name of person completing form: _____
Title: _____ Phone number: _____

In accordance with the federal McKinney-Vento Homeless Assistance Act (42 USC 11431-11435), this notification is being provided to either:

Name of parent(s)/guardian(s): _____

Name of unaccompanied student: _____

School requested: _____

District's placement decision (name of school): _____

Action(s) proposed/refused by the district related to eligibility, school selection, or enrollment:

The district's determination regarding eligibility, school selection, or enrollment was based upon the following evidence and for the following reasons:

Other options that the district considered, if any, included the following options which were rejected for the following reasons:

Factors relevant to the district's decision and information related to the eligibility or best interest determination including the facts, witnesses, and evidence relied upon and their sources, if any:

You have the right to appeal this decision to the district Superintendent. To do so, contact the district's homeless liaison listed below within the next ___(insert number of days)___ days to request a Dispute Form. You may provide written or verbal documentation to support your position, and may also seek the assistance of social services, advocates, and/or service providers in the dispute process. The Superintendent or designee will review all the evidence and will notify you of his/her decision within ___(insert number of days)___ days.

If you are not satisfied with the Superintendent's decision, you may appeal to the _____(insert county name)_____ County Office of Education. If you are not satisfied with the county office's decision, you may then appeal to the California Department of Education. The district's homeless liaison can assist you with this appeal.

CONTACT INFORMATION:

District Liaison: The district liaison is one of the primary contacts between homeless families and school or district staff. He/she is responsible for coordinating services to ensure that homeless students enroll in school and have the opportunity to succeed academically, and mediates enrollment disputes as needed.

Name of district's homeless liaison: _____
Address: _____
Phone number: _____

County Liaison: If you appeal the district's decision to the county office of education, the district liaison shall forward all written documentation and related paperwork to the homeless liaison at the county office. The county liaison will review the materials and determine the eligibility, school selection, or enrollment decision within five working days of receiving the materials. He/she will notify you of the decision.

Name of County Office of Education homeless liaison: _____
Address: _____
Phone number: _____

State Coordinator: If you appeal the county office's decision to the California Department of

Education, the county homeless liaison shall forward all written documentation and related paperwork to the State Homeless Coordinator. The state coordinator will review the district, county office, and parent/guardian information and will notify you of the decision within ten working days of receiving the materials.

Name of state homeless coordinator: _____

Address: _____

Phone number: _____

RIGHTS:

Pending the final resolution of this dispute, including the period of all appeals, the student has the right to immediately enroll in the school requested and to participate fully in school activities at that school.

(7/05) 10/16

Exhibit 2

DISPUTE FORM

Instructions: This form is to be completed by a parent/guardian or student when a dispute regarding enrollment has arisen. As an alternative to completing this form, the information on this form may be shared verbally with the district's liaison for homeless students.

Date submitted: _____

Student's name: _____

Name of person completing form: _____

Relation to student: _____

Address: _____

Phone number: _____

Name of school requested: _____

I wish to appeal the eligibility, school selection, or enrollment decision made by:
 District liaison District Superintendent County office of education liaison

Reason for the appeal: You may include an explanation to support your appeal in this space or provide your explanation verbally.

I have been provided with:

- A written explanation of the district's decision
- Contact information for the district's homeless liaison
- Contact information for the county office of education's homeless liaison
- Contact information for the state homeless coordinator

(7/05) 10/16