

Policy 501.1E(1) Written Notification of Enrollment Decision

Date:	Name of School:
Name of Person Completing Form:	Title of Person Completing Form:

In compliance with section 722(g)(3)(E) of the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Name of Parent/Guardian:	Name of Student(s):
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After reviewing the request to enroll the student(s) listed above, the enrollment request is denied. This determination was based upon:

Parent/Guardian or unaccompanied youth have the right to appeal this decision by completing the second page of this notice submit to the superintendent's office or by contacting the school district's local homeless education liaison. Submit the form to the Office of Superintendent.

Name of local homeless education liaison: Becky Wichers

Title: Director of Student Services

Phone number: 563-263-7223, extension 1024

In addition:

- The student listed above has the right to enroll immediately and participate fully in the requested school pending the resolution of the dispute.
- Parent/Guardian or unaccompanied youth may provide written or verbal communication(s) to support their position regarding the student's enrollment in the requested school. The attached form may be used for this notification. Form may be submitted to the Office of Superintendent.
- Parent/Guardian or unaccompanied youth may contact the State Coordinator for Homeless Education if further help is needed. Contact information for the State Coordinator:

Carolyn Cobb / Iowa Department of Education, State Coordinator for the Homeless Education, (515) 281-3965.

**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.*

Updated: 12/14/20

Policy 501.1E(2) Appeal Notification 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 district liaison as an alternative to completing this form.

Date:	Name of Student(s):
Person completing form:	Relation to student(s):
I may be contacted by (phone) or (email):	I wish to 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 policy for students experiencing homelessness.

Optional: A written explanation may be included 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. _____ (initial)