

MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

IV b. Parent/Guardian Appeal of School District Enrollment Decision

You should complete this form if you are a parent/guardian of a homeless student, or you are an unaccompanied homeless youth, who disagrees with a school district’s enrollment decision. The district Homeless Education Liaison will assist you with this form, and may take the information verbally if you wish.

Parent/Guardian: _____

Student(s): _____

Contact Information: _____

I wish to appeal the enrollment decision made by: _____

School/district: _____

I have been provided with the following:

- a copy of the School District Notification of Enrollment Decision, and the ESE McKinney-Vento Dispute Resolution Process; and
- contact information for the district Homeless Education Liaison

I disagree with the enrollment decision for the following reason(s):

Please attach any additional relevant information.

- I know that I may seek the assistance of advocates or attorneys.
- I know that I may contact the Department of Elementary and Secondary Education’s Problem Resolution System at (781) 338-3700 or compliance@doe.mass.edu

I want a copy of this appeal to be forwarded to the Massachusetts Department of Elementary and Secondary Education

Signature: _____ Date: ____/____/____