

Instruction

EDUCATION FOR HOMELESS CHILDREN

DISTRICT EXPLANATION OF ENROLLMENT DECISION

Instructions: The following form is to be used when the district has denied a parent/guardian's enrollment request.

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

In accordance with federal law (42 USC 11432), this notification is being provided to:

Name of parent/guardian: _____

Name of student(s): _____

Name of school requested: _____

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

After reviewing your request to enroll your child in the school listed above, your enrollment request has been denied. This determination was based upon:

You have the right to appeal this decision to the district Superintendent. If you are not satisfied with the Superintendent's decision, you may appeal to the Kern 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.

Name of district's homeless liaison: _____

Address: _____

Phone number: _____

Name of County Office of Education homeless liaison: _____

Address: _____

Phone number: _____

You also have the following rights:

* Pending resolution of this dispute, your child has the right to immediately enroll in the school you requested and to participate in school activities at that school.

* You may provide written or verbal documentation to support your position. You may use the district's dispute resolution form. A copy of the dispute resolution form can be obtained from the district's liaison for homeless students.

* You may seek the assistance of advocates or attorneys to help you with this appeal.

EDUCATION FOR HOMELESS CHILDREN

ENROLLMENT 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: _____

Name of person completing form: _____

Student's name: _____

Relation to student: _____

I may be contacted at the following:

Address: _____

Phone number: _____

Name of school requested: _____

I wish to appeal the enrollment decision made by:

_____ District liaison _____ Superintendent _____ County 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