

Attachment 2: This form should be completed by the parent, guardian, or unaccompanied youth when they disagree with the decision involving McKinney-Vento/homelessness eligibility, school selection, or enrollment.

_____ **Appeal of School Eligibility,**
Parent/Student Names
School Selection or Enrollment Decision

You should complete this form if you are a parent, guardian or unaccompanied youth who disagrees with the School's decision regarding your rights under McKinney-Vento. The Local Liaison will assist you with this form and may take the information verbally if you wish.

Name of Parent(s)/Guardian(s): _____

Name of Student(s): _____

Phone number: _____ Email: _____

I wish to appeal the decision made by: _____

School: _____

Please check the boxes if you have received the following materials:

- A copy of the School's Written Decision of Eligibility, School Selection, or Enrollment Decision;
- The Ohio Department of Education Dispute Resolution Process; and
- Contact information for the Local Liaison.

I disagree with the school's decision for the following reasons:

Continued on the next page.

Please check the boxes below to confirm that you understand that you are entitled to the following:

- I know that I may contact the Ohio Department of Education's Homeless Education Coordinator:
Susannah Wayland, State Homeless Education Coordinator
Phone: (614) 387-7725
Fax: (614) 387-0963
Email: HomelessEducation@education.ohio.gov
- I know that I may seek the assistance of advocates or attorneys.
- I want a copy of this written notice of appeal of school enrollment forwarded to:
State Homeless Education Coordinator
HomelessEducation@education.ohio.gov
Fax: (614) 387-0963

Name: _____

Signature: _____

Date: ____/____/____

Relationship to student (if applicable)