PARENT McKINNEY-VENTO ELIGIBILITY APPEAL FORM

This form is to be completed by the parent/guardian, advocate, or unaccompanied youth when a dispute arises over eligibility for enrollment, school selection, transportation, or other McKinney-Vento service. The information may be shared verbally with the local educational agency (LEA) McKinney-Vento Liaison instead of completing this form (the LEA McKinney-Vento liaison will document all verbal claims)

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Date Submitted:		Reference #:		
	Appeal Information			
Person Completing Form:		Submitted to:		
Student or Students Name(s):				
Relationship to Student(s):	☐ Parent/Guardian ☐ Unaccompanied Youth ☐ Advocate ☐ Other:			
Person Completing Form Contact Information:	Phone #: Email:			
_	wish to appeal the enrollment decision	n made by:		
School Name:				
Authorized by:				
Point of Contact regarding Claim:				
Ackno	wledgement of Compliance (42 USC §1	1432(g)(3)(B)(iii)		
The student was immediately enrolled in the school of choice throughout the appeal process.		☐ Yes ☐ No		
I received a written explanation of the school's decision.		☐ Yes ☐ No		
The McKinney-Vento liaison provided assistance in preparing the appeal and made school resources available (e.g., copying, mailing, and obtaining records).		☐ Yes ☐ No		
Please include a written explanation to support your appeal in the space below or you may provide your explanation verbally to the local McKinney-Vento liaison (optional).				

	Please sign and return this completed form to the local district/s	school.
	Signature of Person Submitting Appeal	Date
	Signature of Person Submitting Appeal ******* FOR SCHOOL USE ONLY *******	Date
1.	•	
1. 2.	****** FOR SCHOOL USE ONLY ******	kinneyventopos@doe.in.gov
	****** FOR SCHOOL USE ONLY ****** Send a copy of this completed form to the Education of Homeless Children and Youth State Director: mck	kinneyventopos@doe.in.gov me):