School Administrative Unit 19
11 School Street
Goffstown, NH 03045
(603) 497-4818 * Fax (603) 497-8425

**WRITTEN NOTIFICATION OF DECISION**

This form is to be completed by the school when a disagreement arises between the school and a parent/guardian or unaccompanied youth over McKinney-Vento eligibility, school selection or enrollment in a school.

Date: _____

Name of Person filling out form: _____

Title of Person completing form: _____

Name of School:_____

In compliance with 42 U.S.C.& 11432(g)(3)(E) of the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Name of Parent or Guardian: _____

Name of Student(s) Experiencing Homelessness: _____

_____

After reviewing your request regarding eligibility, school selection, or enrollment in a school for the student(s) experiencing homelessness listed above, a best interest determination has been made other than the school you are seeking. This determination was based upon:

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12-23-5 template

You have the right to appeal this decision by completing the *Written Notice of Appeal* attached to this form or by contacting the school district's McKinney-Vento Liaison

Name of SAU 19 Liaison: Tori Underwood

Phone: (603) 660-5762 Email: tori.underwood@sau19.org

- The student listed above has the right to enroll immediately in the requested school pending the resolution of the dispute.
- You may provide written or verbal communication to support your position regarding the student's enrollment in the requested school.
- A copy of the district Dispute Resolution Process for students experiencing homelessness is attached.
- You may contact the State Coordinator for Education of Homeless Children & Youth, if further help is needed or desired. Contact Information for the State Coordinator:

Christina L. Dotson, M.Ed.
25 Hall Street Concord, NH 03301
(603) 271-3840
christina.l.dotson@doe.nh.gov

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**WRITTEN NOTIFICATION OF APPEAL**

This form is to be completed by the parent or guardian, or unaccompanied youth when a dispute arises. This information may be shared verbally with the McKinney-Vento liaison, as an alternative to completing the form.

Date: _____

Student(s): _____

Name of person completing the form: _____
(in writing or verbally)

Relationship 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:

_____Written explanation of the school's decision

_____The contact information of the school district's local McKinney-Vento Liaison

_____The contact information of the State Coordinator for Education of Homeless Children & Youth

_____ A copy of the district's dispute resolution process for students experiencing Homelessness

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Include a written explanation in the space below to support your appeal or you may provide your explanation verbally.

Name of person submitting appeal: _____
(Please Print)

Signature of person submitting appeal: _____
Date: _____

Return this form to Tori Underwood, the SAU 19 McKinney-Vento liaison

Date received by McKinney-Vento liaison: _____

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