

**Picayune School District
Notification of Enrollment Decision**

To be completed by the receiving school when an enrollment request is denied.

Date: _____

Name of person completing form: _____

Title of person completing form: _____

Name of school: _____

In compliance with section 722(g)(3)(E) of the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

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

Name of Student(s): _____

After reviewing your request to enroll the student(s) listed above, the enrollment request is denied.

This determination was based upon:

You have the right to appeal this decision by completing the second page of this notice or by contacting the school district's local homeless education liaison.

Name of local liaison: **Frank McCardle**

Title: **Director of Federal Programs**

Phone number: **601-798-3230, ext. 1011**

In addition:

- 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(s) to support your position regarding the student's enrollment in the requested school. You may use the form attached to this notification.
- You may contact the State Coordinator for Homeless Education if further help is needed or desired. Contact information for the State Coordinator: **Mr. Kelsey Blumenberg, Mississippi Department of Education, P.O. Box 771, Jackson, Mississippi 39205-0771, 601-359-3499.**

Notification of Enrollment Decision

To be completed by the parent, guardian, caretaker, or unaccompanied youth when a dispute arises. This information may be shared verbally with the local liaison as an alternative to completing this form.

Date: _____

Student(s): _____

Person completing form: _____

Relation to student(s): _____

I may be contacted at (phone or e-mail): _____

I wish to appeal the enrollment decision made by: _____

Name of School: _____

I have been provided with (please check all that apply):

- _____ A written explanation of the school's decision.
- _____ The contact information of the school district's local homeless education liaison.
- _____ A copy of the state's dispute resolution process for students experiencing homelessness.

Optional: You may include a written explanation in the space below to support your appeal or you may provide your explanation verbally.

The school provided me with a copy of this form when I submitted it. _____(initial)