

**McKinney-Vento Homeless Education Assistance Act
Enrollment Dispute Resolution Form**

Person Completing Form: Mrs. Mr. Ms (circle one) Date: _____

Person(s) name requesting an appeal process:

Current

Address: _____ Phone Number(s): _____ 2nd number _____

Campus contact name(s): _____ McKinney Liaison: _____

School student is attending/enrolling:

Name/Age/grade of child(ren)/youth/student(s):

Child/Youth living with: (circle one)

Both parents

Mother

Father

Legal guardian

Unaccompanied Youth

Other _____

Residing: (circle one)

Shelter

Doubled-up

Motel

Car

Campground

Other _____

Initial Details: (explain request for enrollment or remaining at district)

Please attach your written request to this form.

Revised 2/25/2010