



REQUEST TO APPEAL MCKINNEY-VENTO ENROLLMENT DECISION
Homeless Education Program

To be completed by the parent/guardian/unaccompanied youth when a dispute arises following a written notification of enrollment decision. This information may be shared verbally with the district homeless liaison as an alternative to completing this form.

Date: _____

Student Name(s): _____

School student(s) is currently attending: _____

Person completing form: _____

Relationship to student(s): _____

I may be contacted at (phone or email): _____

I have received the explanation of the district’s enrollment decision concerning my student(s)/myself. I disagree with the district’s decision and I am appealing that decision for the following reasons:

I understand that the Bellingham School District will ensure that my student(s)/I will have the opportunity to attend and participate fully in the school where enrollment is sought while the dispute process is carried out.

Parent/Guardian/Youth Signature

Date

School District Personnel Signature

Date

School District Use Only

Level I Appeal Level II Appeal Level III Appeal