

EDUCATION FOR HOMELESS CHILDREN

VCOE EXPLANATION OF DECISION RELATED TO ELIGIBILITY, SCHOOL SELECTION, OR ENROLLMENT

Instructions: The following form provides notice and explanation to a student's parent/guardian or an unaccompanied youth regarding VCOE's decision related to student eligibility, school selection, or enrollment.

Date: _____

Name of person completing form: _____

Title: _____

Phone number: _____

In accordance with the federal McKinney-Vento Homeless Assistance Act (42 USC 11431-11435), this notification is being provided to either:

Name of parent(s)/guardian(s): _____ OR

Name of unaccompanied student: _____

Name of school requested: _____

VCOE's placement decision (name of school): _____

Action(s) proposed/refused by VCOE related to eligibility, school selection, or enrollment:

VCOE's determination regarding eligibility, school selection, or enrollment was based upon the following evidence and for the following reasons:

Other options that VCOE considered, if any, included the following options which were rejected for the following reasons:

Factors relevant to VCOE's decision and information related to the eligibility or best interest determination including the facts, witnesses, and evidence relied upon and their sources, if any:

You have the right to appeal this decision to the County Superintendent. To do so, contact the VCOE homeless liaison listed below within the next 5 days to request a Dispute Form. You may provide written or verbal documentation to support your position, and may also seek the assistance of social services, advocates, and/or service providers in the dispute process. The County Superintendent or designee will review all the evidence and will notify you of his/her decision within 5 days.

If you are not satisfied with the County Superintendent's decision, you may appeal to the California Department of Education. The VCOE homeless liaison can assist you with this appeal.

CONTACT INFORMATION:

VCOE Homeless Liaison: The VCOE Homeless Liaison is one of the primary contacts between homeless families and VCOE staff. He/she is responsible for coordinating services to ensure that homeless students enroll in school and have the opportunity to succeed academically, and mediates enrollment disputes as needed.

Name of VCOE Homeless Liaison: _____

Address: _____

Phone number: _____ Email: _____

State Homeless Coordinator: If you wish to appeal the County Superintendent's decision to the California Department of Education, the VCOE Homeless Liaison shall forward all written documentation and related paperwork to the State Homeless Coordinator. The State Homeless Coordinator will review the VCOE, County Superintendent, and parent/guardian information and will notify you of the decision within ten (10) working days of receiving the materials.

Name of State Homeless Coordinator: _____

Address: _____

Phone number: _____ Email: _____

RIGHTS

Pending the final resolution of this dispute, including the period of all appeals, the student has the right to immediately enroll in the school requested and to participate fully in school activities at that school.

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DISPUTE FORM

Instructions: This form is to be completed by a parent/guardian or student when a dispute regarding enrollment has arisen. As an alternative to completing this form, the information on this form may be shared verbally with the VCOE Homeless Liaison.

Date submitted: _____

Student's name: _____

Name of person completing form: _____

Relation to student: _____

Address: _____

Phone number: _____ Email: _____

Name of school requested: _____

I wish to appeal the eligibility, school selection, or enrollment decision made by:

☐ VCOE liaison ☐ County Superintendent

Reason for the appeal: You may include an explanation to support your appeal in this space or provide your explanation verbally.

I have been provided with:

- ☐ A written explanation of VCOE's decision
- ☐ Contact information for the State Homeless Coordinator