



Children's Village Academy



701 N. Adkin Street
Kinston, NC 28501

Phone: 252-939-1958 Fax: 252-9391242

Appendix 8.A 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 completing 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(s)/Guardian(s): _____

Name of Student(s): _____

After reviewing your request regarding eligibility, or school selection, or enrollment in a school for the student(s) listed above, the request is denied. This determination was based upon:

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

Name of local liaison: Regina Greene _____

Phone number: 252-520-4536 ext. 1002 Email: rgreene1@cvatigers.com _____

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: Lisa Phillips at lphillip@serve.org
- You may seek the assistance of advocates or an attorney. A copy of our state's dispute resolution process for students experiencing homelessness is attached.



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Written Notification of Decision

To be completed by the parent, guardian, or unaccompanied youth when a dispute arises. This information may be shared verbally with the local liaison as an alternative to completing this form. The request for dispute resolution must be submitted by the parent, legal guardian or the unaccompanied youth to the homeless liaison within two (2) school business days of receiving the initial homeless liaison decision on enrollment, school selection, or enrollment.

Date:

Student(s):

Person completing form:

Relation to student(s):

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

I wish to the 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. _____
(Please initial.)
