

**School Board**

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**Superintendent of Schools**

Addison G. Davis

## Written Notification of Decision

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 district liaison:

Laura Tucker, School Social Worker/Homeless Liaison

HELP: Students in Transition Team

Sanchez Full Service Center

2100 E. 26th Ave

Tampa, Florida 33605

Phone: 813-315-4357 ext. 236

Fax: 813-384-3979

School Route #7

Email: [laura.tucker@hcps.net](mailto:laura.tucker@hcps.net)

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:
- 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.

SAMPLE

## 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.

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

SAMPLE