MASSACHUSETTS DEPARTMENT OF
ELEMENARY and SECONDARY EDUCATION

Homeless Education Advisory 2003 – 7B: Appeal of School District Enrollment Decision

You should complete this form if you are a parent, guardian or unaccompanied youth who disagrees with a school enrollment decision. The District Homeless Education Liaison will assist you with this form, and may take the information verbally if you wish.

Date: ________________

Parent/Guardian: _______________________________________________________________

Student(s): __________________________________________________________________

Phone #: ________________________________

I wish to appeal the enrollment decision made by: _____________________________________

School: _______________________________________ District: ______________________

I have been provided with the following:

- a copy of the School District Notification of Enrollment Decision and the Massachusetts Department of Education (MADOE) Dispute process; and

- contact information for the district Homeless Education Liaison [the MADOE Office for the Education of Homeless Students contact information is printed below].

I disagree with the enrollment decision for the following reason(s):

______________________________________________________________________________

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______________________________________________________________________________

I know that I may contact the MADOE Office for the Education of Homeless Students:

Sarah Slautterback, Program Coordinator
Phone: (781) 338-6330
Fax: (781) 338-3399
Email: Sslutterback@doe.mass.edu

Elizabeth Harris, Student Support
Phone: (781) 338-6310
Fax: (781) 338-3399
Email: Eharris@doe.mass.edu

I know that I may seek the assistance of advocates or attorneys.

I want a copy of this written notice of appeal of school enrollment to be forwarded to:
Office for the Education of Homeless Students, Massachusetts Department of Education,
75 Pleasant Street, Malden, MA 02148

Signature: _____________________________________________  Date: ___/___/_____

Signature: _____________________________________________  Date: ___/___/_____

Signature: _____________________________________________  Date: ___/___/_____

Signature: _____________________________________________  Date: ___/___/_____

Signature: _____________________________________________  Date: ___/___/_____

Signature: _____________________________________________  Date: ___/___/_____

Signature: _____________________________________________  Date: ___/___/_____