
MASSACHUSETTS DEPARTMENT OF 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):

- I know that I may contact the MADOE Office for the Education of Homeless Students:
Peter D. Cirioni @ 781-338-6294 Sarah Slutterback @ 781-338-6330
- 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, 350
Main Street, Malden, MA 02148

Signed: _____ Date: ___ / ___ / ___