



Written Notification of McKinney-Vento Determination – DISTRICT FORM

To be completed by the McKinney-Vento Liaison of a receiving school when a request for a student experiencing homelessness is declined by a public school district.

Date of Notification of Determination: _____

Person completing form: _____

Title of person completing form: _____

Name of District: _____

In compliance with section 722(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): _____

Check here if student is an unaccompanied youth.

After reviewing your request to enroll/serve the student(s) listed above, the request is declined. This determination was based upon the following (attach additional pages if necessary):

You have the right to appeal this decision by completing the second page of this notice or by contacting the school district’s McKinney-Vento Liaison (in person, by email or U.S. mail).

Name of District McKinney-Vento Liaison: _____

Phone: _____ Email: _____

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/service in the requested school. You may use the attached form for this notification.
- If further help is needed or desired you may contact the State Coordinator for Homeless Education at:

Michigan Department of Education
Office of Field Services, Special Populations Unit
608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909
517-373-6066 or kies-lowep@michigan.gov



Written Notification of McKinney-Vento Appeal Request – PARENT/GUARDIAN/YOUTH

Date of Appeal: _____ Date of Decision Being Appealed: _____

Student(s): _____ Grades: _____

Person completing appeal form: _____

Relationship to student(s), or self if unaccompanied youth: _____

I may be contacted at (phone or email): _____

I wish to appeal the enrollment decision made by: _____

Name of School and District: _____

I have been provided with (please check all that apply):

- _____ A written explanation of the school’s/district’s decision
- _____ The contact information of the District’s MV Liaison
- _____ A copy of the District or State’s dispute resolution process for students experiencing homelessness

Optional:

Please include a brief, clear explanation of the reason(s) you wish to appeal this determination.

_____ **(initial)** The school provided me with a copy of this form upon submission.

SUBMIT THIS FORM TO:

Michigan Department of Education
Office of Field Services, Special Populations Unit
608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909
517-373-6066 or kies-lowep@michigan.gov



McKinney-Vento Program Complaint Form – PARENT/GUARDIAN/YOUTH

Date of Complaint _____ Date of Incident Prompting Complaint: _____

Person completing complaint form: _____

Student(s): _____ Grades: _____

Relationship to student(s), or self, if unaccompanied youth: _____

I may be contacted at (phone or email): _____

Name of School, District and Staff Role Involved: _____

Please provide a brief, clear explanation of the incident which prompted this complaint.

(Please include additional pages if necessary.)

____ (initial) **The school staff offered to submit this complaint form to the MDE on my behalf.**

____ (initial) **I have elected to submit this form on my own behalf to the MDE.**

SUBMIT THIS FORM TO:

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Email to: kies-lowep@michigan.gov OR
FAX to: 517-335-2886