

Attachment 2: This form should be completed by the parent, guardian, or unaccompanied youth when they disagree with the decision involving McKinney-Vento/homelessness eligibility, school selection, or enrollment.

\_\_\_\_\_ **Appeal of School Eligibility,**  
Parent/Student Names  
**School Selection or Enrollment Decision**

*You should complete this form if you are a parent, guardian or unaccompanied youth who disagrees with the School's decision regarding your rights under McKinney-Vento. The Local Liaison will assist you with this form and may take the information verbally if you wish.*

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Name of Student(s): \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to appeal the decision made by: \_\_\_\_\_

School: \_\_\_\_\_

Please check the boxes if you have received the following materials:

- A copy of the School's Written Decision of Eligibility, School Selection, or Enrollment Decision;
- The Ohio Department of Education Dispute Resolution Process; and
- Contact information for the Local Liaison.

I disagree with the school's decision for the following reasons:

***Continued on the next page.***

**Please check the boxes below to confirm that you understand that you are entitled to the following:**

- I know that I may contact the Ohio Department of Education's Homeless Education Coordinator:  
**Susannah Wayland**, State Homeless Education Coordinator  
Phone: (614) 387-7725  
Fax: (614) 387-0963  
Email: [HomelessEducation@education.ohio.gov](mailto:HomelessEducation@education.ohio.gov)
- 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 forwarded to:  
State Homeless Education Coordinator  
[HomelessEducation@education.ohio.gov](mailto:HomelessEducation@education.ohio.gov)  
Fax: (614) 387-0963

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Relationship to student (if applicable)