

Identification of Homeless or Unaccompanied Youth Enrollment and Decision Appeal Form

Student Name: _____ Social Security Number: _____

If your child is not homeless, please sign here and do not complete this form any further.

Signature

Date

1. Does the student have any siblings? If yes, list the sibling's name(s) and age(s).

(Sibling Name)

(Age)

(Sibling Name)

(Age)

(Sibling Name)

(Age)

2. Presently, where is the student living?

in a shelter

with more than one family in a house or apartment

in a motel, car or campsite

with friends or family members (other than parent/ guardian)

other (please explain): _____

3. The student lives with:

1 parent

a relative, friend(s) or other adult(s)

2 parents

alone with no adults

1 parent & another adult

an adult that is not the parent or the legal guardian

Information below this line is to be completed by school.

4. The School liaison for _____ is _____
(student name)

5. School Enrollment Decision:

You have the right to appeal the School Enrollment Decision.

Do you want to exercise your right to appeal the School Enrollment Decision?

yes or no. (*Note that you have the right to enroll immediately in your school of choice pending resolution of the dispute.)

If you checked yes, then please complete Section II of this form. If you checked no, then you do not need to complete Section II of this form.

Appeal of School Enrollment Decision

1. Name of school that parent chooses child to be immediately enrolled in and/ or transported to/from until dispute is resolved: _____

2. Is this the school of origin? yes or no

(School of Origin means the school that the child attended when permanently housed or the school in which the child was last enrolled.)

If no, from which school was the student transferred? _____

3. Reason for the appeal: _____

Signature of Parent(s)/ Legal Guardian/Party Appealing Decision:

Date: _____

Head administrator's Actions on the Complaint:

Taken within ___ school day(s) after receiving notice of the appeal. (To be taken within 10 full business days after receiving notice of the appeal.)

4. Date homeless liaison was notified of the dispute: _____

5. Action taken by the head administrator or his/her designee to resolve the dispute:
(if the dispute was resolved, describe the actions taken by the head administrator or his/her designee to resolve the dispute to your satisfaction)

6. Was the dispute resolved? yes or no.

Explanation: _____

If the dispute was not resolved to your satisfaction, you have the right to appeal this decision to the State, at:

Ohio Department of Education
25 S. Front Street
Columbus, OH 43215-4183