MOUNTAIN HOME SCHOOL DISTRICT 193



470 North 3rd East Mountain Home, Idaho 83647-1390

James G. Gilbert, Superintendent (208) 587-2580 FAX (208) 587-9896 www.mtnhomesd.org

HOMELESS STUDENT EDUCATION FORM 3 - APPEAL OF ENROLLMENT DECISION (679.50)

This form is to be completed by the parent, guardian, or unaccompanied youth who disagrees with a school enrollment decision. This information may be shared verbally with the local homeless education liaison as an alternative to completing this form.

Da	tte:	
Stı	udent(s):	
	rson Completing Form:	
Re	elation to Student(s):	
Co	Contact Information (Phone # or E-mail):	
Ιv	vish to appeal the enrollment decision made by:	
Sc	hool: District:	
I h	ave been provided with the following:	
	A copy of the Notification of Enrollment Decision	
	A copy of the Idaho State Department of Education's Dispute Resolution Process	
	Contact information for the district's local homeless education liaison	

I understand that:

- Pending the resolution of the dispute, the student(s) listed above has the right to **enroll immediately** in the requested school. The student(s) will also have the right to continue all appropriate educational services, transportation, free meals, and Title I, Part A services.
- I may contact the State Coordinator for Homeless Education at the Idaho State Department of Education if further help is needed or desired. The contact information is included in the Idaho State Department of Education Dispute Resolution Process Statement attached hereto.
- I may seek the assistance of advocates or attorneys at my own expense.

You may include a written explanation to support your appeal in the space below or you may provide your explanation verbally to the district's homeless education liaison.
Parent/Guardian/Unaccompanied Youth Signature:
Date:
School District Personnel Signature:
Date:

ADOPTED: April 19, 2016

Revised: June 20, 2017 Reviewed: June 21, 2022