

Homeless Education Program**HOMELESS STUDENT ENROLLMENT INFORMATION
& PLACEMENT REQUEST**

Child's Name: _____ Birth Date: _____ Grade _____
(Last Name) (First Name) (M.I.)

Parent/Guardian Name _____ Unaccompanied Youth _____
(Last Name) (First Name) (M.I.) ("Yes" or "No")

Current Address _____

Telephone Number: _____
(If phone # not available, phone number of someone who can be contacted and their relationship, if any).

Information provided on this form is confidential.

1. Homeless Status

a. Do you live in any of these following situations?

- _____ sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, cannot afford housing, etc.)
- _____ in a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations
- _____ in emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing shelter or agency
- _____ have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans
- _____ in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- _____ None of the above.

b. How long do you anticipate living in current location? _____

2. School Most Recently Attended

School: _____
(School Name) (City) (State)

Dates of Attendance: _____ to _____

Grade level when last attended: _____

3. Eligible for any of these educational and school related activities and services?

☐ Special Education (IDEA) If yes, please identify disability and special education services previously provided : _____

☐ English Language Learners (ELL) ☐ Gifted ☐ Vocational Education

☐ Other _____

4. Possible Barriers to Education

- ☐ No Birth Certificate ☐ No immunizations or other medical records
☐ No School Records ☐ Transportation ☐ School Selection
☐ Other issues/barriers _____

5. Requested Services and Activities to be Provided by Homeless Student Program

- ☐ Obtaining or transferring records necessary for enrollment
☐ Emergency assistance related to school attendance
☐ Expedited evaluations
☐ Transportation ☐ Clothing to meet a school requirement ☐ School supplies
☐ Early childhood program ☐ Tutoring or other instructional support
☐ Before/after-school, mentoring, summer programs
☐ Referrals for medical, dental, or other health services
☐ Referral to other programs/services
☐ Assistance with participation in school programs
☐ Parent education related to rights/resources
☐ Coordination between schools and agencies
☐ Counseling ☐ Addressing needs related to domestic violence
☐ Staff professional development/awareness
☐ Other _____

6. Placement

a. School placement requested by parent/guardian or unaccompanied youth:

b. Reason(s) for Request: _____

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

Enrollment Date _____

Has student been withdrawn? _____

If so, what was the withdraw date? _____

d. Distance from:

i. Residence to the school of origin (miles): _____

ii. Residence to the school requested (if not school of origin): _____

Parent or Guardian or Unaccompanied Youth's signature

Date

Children living in homeless situations have certain rights under the McKinney-Vento Homeless Assistance Act. Please contact the Homeless Coordinator with any questions.

**WRITTEN NOTIFICATION OF
ENROLLMENT/PLACEMENT DECISION FOR HOMELESS STUDENT**

Child's Name: _____

In compliance with the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Parent/Guardian _____ Unaccompanied Youth _____
(Name) (Name)

After reviewing your request to enroll the child, the determinations are as follows:

Homeless student program eligibility:

_____ Child does not qualify under the homeless student program.
_____ Child qualifies under the homeless student program. This determination was based upon: _____

Placement (if enrolled under the homeless student program) was made based on best interest of the student. The placement will be at: _____
(Name)

Explanation for this determination (if not school of origin or the choice of parent/guardian or unaccompanied youth, give detail): _____

If you are not satisfied with the determinations, you have the right to use the dispute resolution process. Contact the Homeless Coordinator and complete a Dispute Resolution Form.

Notices:

- The student has the right to be immediately admitted in the school in which enrollment is sought pending resolution of the dispute.
- You may contact the Nebraska Commissioner of Education
Nebraska Department of Education
matt.blomstedt@nebraska.gov
Telephone: (402) 471-5020
- You may seek the assistance of advocates or attorneys.

Administrator

Date

Written Notification Form was given to parent/guardian or unaccompanied youth on _____ (Date).

Homeless Education Program

DISPUTE RESOLUTION FORM

This form should be completed when a dispute arises over school enrollment/placement.

Child's Name: _____

Person completing form: _____
(Name) (Relation to Student)

I may be contacted at (address/phone/e-mail): _____

I wish to dispute the following decision: _____

The decision I am disputing was wrong because (give detailed information in support of your position and use an attachment if necessary): _____

information	to	support	my	position	(include	Persons who have	contact	information):
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I request that the following action be taken on this dispute: _____

Parent or Guardian or Unaccompanied Youth's signature _____ Date _____

-----**For School Use**-----

Date received by Homeless Coordinator _____

-----**Determination of Homeless Coordinator**-----

In compliance with the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Parent/Guardian _____ Unaccompanied Youth _____
(Name)

(Name)

After reviewing the information relevant to your dispute my determination is as follows:

Explanation for this determination: _____

Notice of Right to Appeal: If you are not satisfied with the determination on this dispute, you have the right to appeal as provided for in the Nebraska Department of Education Rule 19. The appeal is to be filed with the Commissioner of Education within 30 calendar days of receipt of this decision. For information about an appeal you may contact:

Nebraska Commissioner of Education
Nebraska Department of Education
matt.blomstedt@nebraska.gov
Telephone: (402) 471-5020

Administrator

Date

The Determination of the Homeless Coordinator on this dispute was given to parent/guardian or unaccompanied youth on _____ (Date).