

FRESNO COUNTY SUPERINTENDENT OF SCHOOLS

**Instruction**  
**EDUCATION FOR HOMELESS CHILDREN**

Exhibit 1

EXPLANATION OF DECISION  
RELATED TO ELIGIBILITY, SCHOOL SELECTION, OR ENROLLMENT

Instructions: The following form provides notice and explanation to a student's parent/guardian or an unaccompanied youth regarding the decision related to student eligibility, school selection, or enrollment.

Date: \_\_\_\_\_ Name of person completing form: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

In accordance with the federal McKinney-Vento Homeless Assistance Act (42 USC 11431-11435), this notification is being provided to either:

Name of parent(s)/guardian(s): \_\_\_\_\_

Name of unaccompanied student: \_\_\_\_\_

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

Placement decision (name of school): \_\_\_\_\_

Action(s) proposed/refused related to eligibility, school selection, or enrollment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The determination regarding eligibility, school selection, or enrollment was based upon the following evidence and for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other options considered, if any, included the following options which were rejected for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Factors relevant to the decision and information related to the eligibility or best interest determination including the facts, witnesses, and evidence relied upon and their sources, if any:

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You have the right to appeal this decision to the County Superintendent liaison. To do so, contact the County Superintendent homeless liaison listed below within the next \_\_\_(insert number of days)\_\_\_ days to request a Dispute Form. You may provide written or verbal documentation to support your position, and may also seek the assistance of social services, advocates, and/or service providers in the dispute process. The County Superintendent liaison will review all the evidence and will notify you of their decision within \_\_\_(insert number of days)\_\_\_ days.

If you are not satisfied with the County Superintendent liaison's decision, you may appeal to the County Superintendent. If you are not satisfied with the County Superintendent's decision, you may then appeal to the California Department of Education. The County Superintendent homeless liaison can assist you with this appeal.

**CONTACT INFORMATION:**

County Superintendent Liaison: The County Superintendent liaison is one of the primary contacts between families experiencing homelessness and school or County Superintendent staff. He/she is responsible for coordinating services to ensure that students experiencing homelessness enroll in school and have the opportunity to succeed academically, and mediates enrollment disputes as needed.

Name of County Superintendent homeless liaison: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

State Coordinator: If you appeal the county office's decision to the California Department of Education, the county homeless liaison shall forward all written documentation and related paperwork to the State Homeless Coordinator. The state coordinator will review the information and will notify you of the decision within ten working days of receiving the materials.

Name of state homeless coordinator: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**RIGHTS:**

Pending the final resolution of this dispute, including the period of all appeals, the student has the right to immediately enroll in the school requested and to participate fully in school activities at that school.

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Exhibit 2

DISPUTE FORM

Instructions: This form is to be completed by a parent/guardian or student when a dispute regarding enrollment has arisen. As an alternative to completing this form, the information on this form may be shared verbally with the County Superintendent liaison for homeless students.

Date submitted: \_\_\_\_\_

Student's name: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of school requested: \_\_\_\_\_

I wish to appeal the eligibility, school selection, or enrollment decision made by:

District liaison       County Superintendent liaison       County Superintendent

Reason for the appeal: You may include an explanation to support your appeal in this space or provide your explanation verbally.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been provided with:

- A written explanation of the County Superintendent's decision
- Contact information for the County Superintendent homeless liaison
- Contact information for the state homeless coordinator

Adopted: 12/08/2011

Amended: 11/19/2020, 06/15/2023