



Hamtramck Public School District
You fit in here.

Corlis Brown-Lloyd
McKinney-Vento Liaison
Cbrown-lloyd@hamtramckschools.org
313-858-1710

Written Notification of McKinney-Vento Determination – DISTRICT FORM

To be completed by the McKinney-Vento Liaison of a receiving school when a request for a student experiencing homelessness is declined by a public school district.

Date of Notification of Determination: _____

Person completing form: _____

Title of person completing form: _____

Name of District: _____

In compliance with section 722(g)(3)(E) of the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Name of Parent(s)/Guardian(s): _____

Name of Student(s): _____

____ Check here if student is an unaccompanied youth.

After reviewing your request to enroll/serve the student(s) listed above, the request is declined. This determination was based upon the following (attach additional pages if necessary):

You have the right to appeal this decision by completing the second page of this notice or by contacting the school district's McKinney-Vento Liaison (in person, by email or U.S. mail).

Name of District McKinney-Vento Liaison: _____

Phone: _____ Email: _____

In addition:

- The student listed above has the right to enroll immediately in the requested school pending the resolution of the dispute.
- You may provide written or verbal communication(s) to support your position regarding the student's enrollment/service in the requested school. You may use the attached form for this notification.
- If further help is needed or desired you may contact the State Coordinator for Homeless Education at:

Michigan Department of Education
Office of Educational Supports, Special Populations Unit
OFSSpecialpops@michigan.gov 517-241-6974
608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909

A copy of our state's dispute resolution procedure for students experiencing homelessness is attached. You may contact the National Law Center on Homelessness and Poverty for additional information on the McKinney-Vento Homeless Assistance Act (www.nlchp.org). You may also seek the assistance of advocates or an attorney.



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Written Notification of McKinney-Vento Appeal Request – PARENT/GUARDIAN/YOUTH

Date of Appeal: _____ Date of Decision Being Appealed: _____

Student(s): _____ Grades: _____

Person completing appeal form: _____

Relationship to student(s), or self if unaccompanied youth: _____

I may be contacted at (phone or email): _____

I wish to appeal the enrollment decision made by: _____

Name of School and District: _____

I have been provided with (please check all that apply):

_____ A written explanation of the school's/district's decision

_____ The contact information of the District's MV Liaison

_____ A copy of the District or State's dispute resolution process for students experiencing homelessness

Optional:

Please include a brief, clear explanation of the reason(s) you wish to appeal this determination.

_____ (initial) The school provided me with a copy of this form upon submission.

SUBMIT THIS FORM TO: Michigan Department of Education
Office of Educational Supports, Special Populations Unit
608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909
517-241-6974 or OFSSpecialpops@michigan.gov

*A copy of our state's dispute resolution procedure for students experiencing homelessness is attached.
You may contact the National Law Center on Homelessness and Poverty for additional information on the McKinney-Vento Homeless Assistance Act (www.nlchp.org). You may also seek the assistance of advocates or an attorney.*



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McKinney-Vento Program Complaint Form – PARENT/GUARDIAN/YOUTH

Date of Complaint _____ Date of Incident Prompting Complaint: _____

Person completing complaint form: _____

Student(s): _____ Grades: _____

Relationship to student(s), or self, if unaccompanied youth: _____

I may be contacted at (phone or email): _____

Name of School, District and Staff Role Involved: _____

Please provide a brief, clear explanation of the incident which prompted this complaint.

(Please include additional pages if necessary.)

____ (initial) The school staff offered to submit this complaint form to the MDE on my behalf.

____ (initial) I have elected to submit this form on my own behalf to the MDE.

SUBMIT THIS FORM TO:

State Coordinator for Homeless Education
Michigan Department of Education
Office of Educational Supports, Special Populations Unit
608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909
Email to: OFSSpecialpops@michigan.gov OR FAX to: 517-335-2886

*A copy of our state's dispute resolution procedure for students experiencing homelessness is attached.
You may contact the National Law Center on Homelessness and Poverty for additional information on the McKinney-Vento Homeless Assistance Act (www.nlchp.org). You may also seek the assistance of advocates or an attorney.*