

**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 qualifies 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Administrator Date

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

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 state coordinator:  
Education Specialist & Homeless Education Programs  
Nebraska Department of Education  
Telephone: 402-471-1419 Facsimile: 402-742-2371
- You may seek the assistance of advocates or attorneys.

**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): \_\_\_\_\_  
\_\_\_\_\_

Persons who have information to support my position (include contact information): \_\_\_\_\_  
\_\_\_\_\_

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 follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation for this determination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Administrator Date

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

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 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 the state coordinator:

Education Specialist & Homeless Education Programs  
Nebraska Department of Education  
Telephone: 402-471-1419 FAX: 402-742-2371