



MERRIMACK SCHOOL DISTRICT
School Administrative Unit #26
36 McElwain Street
Merrimack, New Hampshire 03054
Tel. (603) 424-6200 Fax (603) 424-6229

DR. KATHLEEN SCHOLAND
Interim Assistant Superintendent for Curriculum

EVERETT V. OLSEN JR.
Chief Education Officer

MATTHEW D. SHEVENELL
Assistant Superintendent for Business

WRITTEN NOTIFICATION OF DECISION
McKinney-Vento Eligibility

This form is to be completed by the school when a disagreement arises between the school and a parent/guardian or unaccompanied youth over McKinney-Vento eligibility, school selection or enrollment in a school.

Date: _____

Name of person completing form: _____

Title of person completing form: _____

Name of School: _____

In compliance with 42 U.S.C. § 11432(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): _____

After reviewing your request regarding eligibility, school selection or enrollment in a school for the student(s) listed above, the request is denied. This determination was based upon:

You have the right to appeal this decision by completing the third page of this form or by contacting the school district's local homeless education liaison.

Name of local liaison: _____

Phone number: _____ Email: _____



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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 in the requested school.
- You may use the form attached to this notification.
- A copy of our State's dispute resolution process for students experiencing homelessness is attached.
- You may contact the State Coordinator for Education of Homeless Children & Youth if further help is needed or desired. Contact information for the State Coordinator:

Christina L Dotson, M.Ed.
25 Hall Street Concord, NH 03301
(603) 271-3840
christina.dotson@doe.nh.gov



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This form is to be completed by the parent/guardian or unaccompanied youth when a dispute arises. This information may be shared verbally with the local liaison as an alternative to completing this form.

Date: _____

Student(s): _____

Person completing form: _____

Relation to student(s): _____

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

I wish to appeal the enrollment decision made by: _____

Name of School: _____

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

- _____ A written explanation of the school's decision
- _____ The contact information of the school district's local homeless education liaison
- _____ The contact information of the State Coordinator for Homeless Education
- _____ A copy of the State's dispute resolution process for students experiencing homelessness

The school provided me with a copy of this form when I submitted it. _____ (Please Initial)