 Form JBC(1)-4

**WRITTEN NOTIFICATION FORM**

This form should be completed when a dispute arises between the District or school and the parent/guardian/unaccompanied youth over McKinney-Vento eligibility, school selection or enrollment in a school.

1. A school administrator or homeless liaison should complete page one of JBC(1)-4.
2. The parent/guardian/unaccompanied youth should be given page one of JBC(1)-4 along with the Dispute Resolution Form.
3. District staff should document receipt of JBC(1)-4 by parent/guardian/unaccompanied youth and maintain a copy.
4. When JBC(1)-4 is completed by school administrator, a copy should be emailed to the Homeless Education Program office at HEP@cobbk12.org.
5. If the school receives a verbal appeal or a McKinney-Vento Dispute Resolution Form JBC(1)-4 page 2 by the parent/guardian/unaccompanied youth, contact the Homeless Education Program.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | School: |  |

|  |  |
| --- | --- |
| Name of Person Completing Form: |  |

|  |  |
| --- | --- |
| Title of Person Completing Form: |  |

In compliance with Section 722(g)(3)(E) of the McKinney-Vento Homeless Assistance Act of 2001, the following written notification is provided to:

|  |  |
| --- | --- |
| Parent**/**Guardian/Unaccompanied Youth**:** |  |

|  |  |
| --- | --- |
| Student(s): |  |

|  |
| --- |
| After reviewing your request regarding eligibility, or school selection, or enrollment in a school for the student(s) listed above, the request was denied. Below is the rationale for the decision: |

Please sign below to acknowledge receipt of the form.

Parent/Guardian/Unaccompanied Youth Signature Date

**Right to Appeal and Appeal Process**

* You have the right to appeal this decision by completing the attached **Dispute Resolution Form** or provide your explanation verbally to the district’s homeless liaisons, Brenda Degioanni and Dayna Parker at 678-503-0173. Resolution by the homeless liaison will be made within 7 business days of receipt of Dispute Resolution Form.
* If the matter is not resolved at that level, the Superintendent or designee shall issue the district’s decision within 10 business days of the second dispute by parent/guardian/unaccompanied youth.
* If the matter is not resolved at that level, the parent/guardian/unaccompanied youth may appeal this decision by contacting the Georgia Department of Education Grants Program Consultant (see contact information below).
* The student(s) listed above has the right to enroll immediately in the requested school, including full participation in all school activities pending resolution of the dispute.
* You may contact the state coordinator if further help is needed:

Grants Program Consultant

Georgia Department of Education

678-326-0397

maria.davis@doe.k12.ga.us

 Form JBC(1)-4

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**DISPUTE RESOLUTION FORM**

**This form is to be completed by the parent/guardian**/**unaccompanied youth when a dispute arises over the McKinney-Vento eligibility, school selection, or enrollment in school. The parent/guardian/unaccompanied yout may complete the form below or share the information verbally with the homeless liaison at 678-503-0173.**

|  |  |
| --- | --- |
| Date submitted: |  |

|  |  |
| --- | --- |
| Student(s): |  |

|  |  |
| --- | --- |
| School(s): |  |

|  |  |
| --- | --- |
| Person completing form: |  |

|  |  |
| --- | --- |
| Relation to student(s): |  |

|  |  |
| --- | --- |
| I may be contacted at (phone or e-mail): |  |

I have been provided with a written explanation of the school’s decision (check one):

Yes  No

|  |
| --- |
| You may include a written explanation to support your appeal in this space, or you may provide your explanation verbally to the district’s homeless liaison. |

Signature of person submitting dispute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed form to your student’s school or call Homeless Education Program (HEP) office at 678-503-0173.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*For School Use\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Email the completed form to your homeless liaison.

Give a copy to the parent/guardian or unaccompanied youth.

Maintain the original at school

Date sent to homeless liaison: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_