



Office of the



State Superintendent of Education

Transitory Services
Homeless Children and Youths Program
(202) 741-6412 Fax: (202) 741-0227
www.osse.dc.gov

Notice of Right to Appeal:

By completing this form the identified requestor has exercised their right to appeal the decision of *Denied*. Upon completion of Part 1, the form will then be sent to the principal of the student's school. At which time, the principal may reconsider the decision. A new decision will be rendered within five (5) school days. The principal could grant your request, or uphold the initial decision of denied. The principal will provide the decision in writing. If the requestor agrees with the principal's decision, the requestor's signature will be required to acknowledge agreement. If the requestor does not agree by checking the box indicated NO will automatically elevate the Appeals Form to the appropriate level. Within fifteen (15) school days the requestor will be notified of the status of the submitted Appeals Form, if the contact information is accurate.

APPEALS FORM

Part 1 Completed by the Parent/Guardian/Unaccompanied Youth

Person requesting an Appeal: _____ Relationship: _____

Date: _____ School: _____

Student ID Number: _____ Age: _____ Grade: _____

Student's Name: _____

Address: _____

Parent's Name: _____ Contact Number: _____

Date of the initial request: _____

Initial Request:

The request was denied. I am exercising my right to appeal this decision because...

Parent/Guardian/



Office of the



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Unaccompanied Youth Signature: _____ Date: _____

Part 2 Completed by the Principal (LEA). Due no later than five (5) school days from receipt.

Date received: _____

Granted

Denial is upheld due to: _____

Principal's signature: _____

Date: _____



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Please return this form to the Local Homeless Liaison upon completion

Part 3 Completed by the Local Homeless Liaison. Due no later than ten (10) days from receipt.

Date received: _____

Granted

Denial is upheld due to: _____

Liaison's signature: _____

Date: _____





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Parent/Guardian/Unaccompanied Youth Response:

Agree Part 2 Part 3

Disagree

Note to the Parent/Guardian/Unaccompanied Youth:

If you do not agree with the decision of DCPS or the DC Public Charter School Board (both are identified as Local Educational Agencies), you have the right to appeal to the District of Columbia Office of the State Superintendent of Education. For further consideration, a letter fully explaining why you disagree with the decision of the Local Educational Agency, as well as a copy of the decision must be sent to the following address:

DC Office of the State Superintendent of Education
Office of Transitory Services
Attn: Ja'Sent Brown, McKinney-Vento Program Coordinator
810 First Street, NE
5th Floor
Washington, DC 20002

It is advised that a copy of this request and the documents provided be retained for your own records.

Required Signatures:

Local Liaison: _____ Date: _____

State Coordinator: _____ Date: _____