



Forest Municipal School District

Dr. Joseph White, Superintendent

325 Cleveland Street • Forest, MS 39074

(Date)

Parent(s) Name(s): Address:

Re: Placement Decision

To whom it may concern,

This letter is to inform you that your son/daughter, _____, does not qualify for placement in this (program, school) because he/she does not meet provisions set forth by the McKinney-Vento Act. The reasons include: _____.

If you do not agree with the decision, please complete the attached form. During the appeal process, the student is able to remain at the school until the decision is finalized. Please contact me if you need further information or if you have questions or concerns.

Sincerely,

Kathy Bunyard
FMSD Homeless Liaison
601-469-3250 Ext. 1013



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Homeless Services

Dispute Resolution

This form is to be completed by the parent/guardian, caretaker, or unaccompanied youth when a dispute arises over school enrollment. This information may be shared verbally as an alternative to completing this form.

Date Submitted: _____

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: _____

School: _____

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

- a written explanation of the school's decision
- contact information of the school district's homeless liaison
- a copy of the state's dispute resolution process for students experiencing homelessness
- None of the above

Optional: You may include a written explanation to support your appeal:

Signature of person submitting dispute: _____