



HOMELESS EDUCATION APPEAL FORM

Harford County Public Schools



_____ *School Name* _____ *Student Name* _____ *Student ID#*

_____ *Student Address (Street)* _____ *Student City, State and Zip Code*

_____ *Name of Person Requesting Appeal* _____ *Relationship to Student*

_____ *Phone #* _____ *Alternate Contact Phone #*

Date Homeless Education Services Were Requested: _____

Services Requested: _____

Reason for appealing the denial of Homeless Education Services:

Meeting the definition of homeless under the McKinney-Vento Act

Transportation Services

Remain in the School of Origin

_____ *Signature*

_____ *Date*

-----**To be completed by Homeless Liaison**-----

(No more than ten school days after receipt of appeal)

Request granted

Denial is upheld based upon the following reason(s): _____

_____ *Homeless Liaison Name*

_____ *Homeless Liaison Signature*

_____ *Date*

If you are dissatisfied with this decision, sign below, and send this form to:

Office of Student Support Services

102 S. Hickory Avenue

Bel Air, MD 21014

I do not agree with this decision and wish to appeal to the Office of Student Support Services.

_____ *Parent Signature*

_____ *Date*

Copies of all appeal decisions must be sent to Pamela M. Smith (Pamela.Smith@hcps.org), Liaison of Homeless Education