

**McKinney-Vento Homeless Education Assistance Act**  
**Information for Enrollment Dispute Resolution**

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Request Initiated By: \_\_\_\_\_

Location: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ County(s) and/or State: \_\_\_\_\_

School: \_\_\_\_\_

Name/Age/Grade of Student(s): \_\_\_\_\_

Child/Youth living with:  
 Both Parents  
 Mother  
 Father  
 Legal guardian  
 Unaccompanied Youth  
 Other \_\_\_\_\_

Residing:  
 Shelter  
 Doubled-up  
 Motel  
 Car  
 Campground  
 Other \_\_\_\_\_

Initial Detail:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Follow-up:

Date	Contact	Details of Resolution

\*Copy needs to be sent to State Coordinator once completed.