

West Noble School Corporation
Written Notification of McKinney-Vento Appeal Request



To be completed by the parent, guardian, caretaker or unaccompanied youth when a dispute arises. This information may be shared verbally with the local McKinney-Vento Liaison as an alternative to completing this form.

Appeal Date _____ Date of Decision That is Being Appealed _____

Student(s) _____ Grade(s) _____

Person Completing Form _____

Relation to Student(s), or self if Unaccompanied Youth _____

I may be contacted at (phone or email) _____

I wish to appeal the enrollment decision made by **West Noble School Corporation**.

High School Middle Elementary Primary

I have been provided with (Please check all that Apply):

_____ A written explanation of the school's/district's decision.

_____ The contact information of the school district's local homeless education liaison.

_____ A copy of the state's dispute resolution process for students experiencing homelessness.

Optional: Please include a brief, clear explanation of the reason(s) you wish to appeal this determination.

_____ (Initial) - The school provided me with a copy of this form when I submitted it.

Submit This Form To: Galen Mast – Parent and Community Liaison
West Noble School Corporation
5050 N US Highway 33 Ligonier, IN 46767
260.894.3191 or mastga@westnoble.k12.in.us