



**LOWELLVILLE LOCAL SCHOOLS**

52 Rocket Place, Lowellville, Ohio 44436

**Appeal of Lowellville Local School District's Eligibility, School Selection or Enrollment Decision**

You should complete this form if you are a parent, guardian or unaccompanied youth who disagrees with your district's decision regarding your rights under McKinney-Vento. Your local liaison will assist you with this form.

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Name of Student(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to appeal the decision made by: \_\_\_\_\_

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

**Please check the boxes if you have received the following materials:**

- A copy of the District's Written Decision of Eligibility, School Selection or Enrollment Decision;
- The Ohio Department Of Education Dispute Resolution Process
- Contact Information for the Local Liaison

**I disagree with the district's decision for the following reason:**

**Please check the boxes below to confirm that you understand that you are entitled to the following:**

- I know that I may contact the Ohio Department of Education's Homeless Education Coordinator:  
Trish Barnett, Homeless Education Programs Coordinator  
Phone: (614) 324-7646  
Fx: (614) 387-0963  
Email: [homelesseducation@education.ohio.gov](mailto:homelesseducation@education.ohio.gov)
- I know that I may seek the assistance of advocates or attorneys
- I want a copy of this written notice of appeal of school enrollment forwarded to:  
State Homeless Coordinator  
[homelesseducation@education.ohio.gov](mailto:homelesseducation@education.ohio.gov)  
Fax: (614) 387-0963

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MISSION**

The Lowellville Local School District will educate, empower and challenge our students to reach their individual potentials by providing an environment where tradition, community and excellence create productive members of a global society.