Enrollment Complaint

To the Pennsylvania Department of Education's State Coordinator,
Education for Homeless Children & Youth Program

Date: Click or tap to enter a date.

Name:

Address

City: State: Zip Code:

Phone: Email:

Dear State Coordinator:

(name of child) is experiencing homelessness. This child is my (son, daughter, etc.).

I am writing because the (name of School District) School District:

☐ will not enroll this child
(Explain, if necessary below).

☐ will not let this child stay in the same school/he/she has been attending.
(Explain, if necessary below)

☐ will not provide transportation to stay in the same school he/she has been attending.
(Explain, if necessary below)

☐ will not provide equal access to public preschool.
(Explain, if necessary below)

☐ will not provide equal access to academic or nonacademic services.
(Explain which services below).

Other:

Please feel free to attach additional pages with an explanation of the situation, supporting documents, etc. You may call or write to me at the address listed at the top of the page with any questions you may have. Thank you.