

Virginia Department of Education
McKinney-Vento Homeless Education Assistance Act
Enrollment Dispute Resolution Form

Person Completing Form: _____ Date: _____

Enrollment Request Initiated By: _____

Location: _____

Phone Number(s): _____

School Division(s): _____

School(s): _____

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 Details: _____

Follow-up

Date	Contact	Details of Resolution