



STRUTHERS CITY SCHOOLS

BOARD OF EDUCATION OFFICE
99 EUCLID AVENUE, STRUTHERS, OHIO 44471
330-750-1061 FAX - 330-750-5516
MR. PETER J. PIRONE JR., SUPERINTENDENT
MR. BRIAN RELLA, TREASURER

Appeal of Struthers City Schools Eligibility, School Selection or Enrollment Decision

You should complete this form if you are a parent, guardian or unaccompanied youth who disagrees with your districts' decision regarding your rights under McKinney-Vento. Your local liaison will assist you with this form, you may take the information verbally if you wish.

Name of Parent(s)/Guardian(s): _____

Name of Students(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; and
- 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:
Susannah Wayland, State Homeless Education Coordinator
Phone: (614) 387-7725
Fax: (614) 387-0963
Email: 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 Education Coordinator
Homelesseducation@education.ohio.gov
Fax: (614) 387-0963

Name: _____ Relation to Student: _____

Signature: _____ Date: _____