



WRITTEN NOTIFICATION OF STUDENT IN FOSTER CARE ENROLLMENT DECISION

Date: _____

District employee completing this form: _____

District title: _____

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

Student(s): _____

Denied enrollment: _____

This determination was based upon: _____

You have the right to appeal this decision by completing a *Request to Appeal Student in Foster Care Enrollment Decision* form, attached to this page, and submitting it to a Mount Vernon School District Foster Care Liaison **within fifteen (15) business days** of receiving this notification.