



**McKinney-Vento Act
Notice of Appeal**

Date: _____

Student Name: _____

Student Grade: _____

School Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Alternate Phone Number: _____

Parent/Guardian Address: _____

I, the undersigned, am appealing the decision made by Clover Park School District to deny services to my student under the Federal McKinney-Vento Act.

The particular action I would like Clover Park School District to take is:

Provide transportation services to and from my present location.

Provide other services: _____

Signature of Parent/Guardian

Date

Form can be mailed, faxed, or e-mailed back.

Melissa Ford

Student Services Center

10903 Gravelly Lake Dr SW

Lakewood WA 98499

Office: 253-583-5157

FAX: 253-583-5158

maford@cloverpark.k12.wa.us