

**Enrollment Complaint to Pennsylvania Department of Education's  
State Coordinator for Homeless Children's Initiative**

State Coordinator, Education for Homeless Children & Youth Program  
Division of Student Services, Pennsylvania Department of Education  
333 Market Street, 5th Floor, Harrisburg, PA 17126-0333  
Telephone (717) 783-6468

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Dear State Coordinator:

\_\_\_\_\_ is experiencing homelessness. This child is my \_\_\_\_\_.  
name of child son, daughter, etc.

I am writing because the \_\_\_\_\_ 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.