

FORM NOTICE OF PETITION
FOR AN APPEAL INVOLVING A HOMELESS CHILD AND YOUTH

STATE OF NEW YORK

STATE EDUCATION DEPARTMENT

_____ x

In the Matter of _____

(parent' s/guardian' s/ unaccompanied youth' s name

otherwise known as "petitioner") on behalf of _____

_____ (child' s/youth' s name),

a homeless child or youth, from action of the Board of Education of the

_____ School District

("respondent") regarding the provision of education and related services.

_____ x

NOTICE:

The respondent is hereby required to appear in this appeal and to answer the allegations contained in the petition. Your answer must conform with the provisions of the regulations of the Commissioner of Education relating to appeals before the Commissioner of Education, copies of which are available at www.counsel.nysed.gov or from the Office of Counsel New York State Education Department, State Education New York Building, Albany,12234.

If an answer is not served and filed in accordance with the provisions of such rules, the statements contained in the petition will be deemed to be true statements, and a decision will be rendered thereon by the Commissioner.

Please take notice that such rules require that an answer to the petition must be served upon the petitioner, or if he be represented by counsel, upon his counsel, or if the petitioner so elects, the respondent shall serve the answer upon the local educational agency liaison for homeless children and youth, within 20 days after the service of the appeal, and that a copy of such answer must, within five days after such service be filed with the Office of Counsel, New York State Education Department, State Education Building, Albany, New York 12234.

Please take further notice that the within petition contains an application for a stay order. Affidavits in opposition to the application for a stay must be served on all other parties and filed with the Office of Counsel within three business days after service of the petition.

PETITION
FOR AN APPEAL INVOLVING A HOMELESS CHILD AND YOUTH

STATE OF NEW YORK

STATE EDUCATION DEPARTMENT

_____ x

In the Matter of _____ (parent' s/guardian' s/unaccompa-
nied youth' s name

otherwise known as "petitioner") on behalf of **PETITION**

_____ (child' s/youth' s name),

a homeless child or youth, from action of the Board

of Education of the _____

School District ("respondent") regarding the provision

of education and related services.
_____ x

TO THE COMMISSIONER OF EDUCATION:

1. My name is _____.

2. Please check and complete one of the following statements.

I am a homeless child or youth.

OR

My relationship to _____ (child' s/youth' s name)
is _____.

3. _____ (child' s/youth' s name) is a "homeless child" as defined
by §100.2(x) of the Regulations of the Commissioner of Education.

4. _____ (child' s/youth' s name) is over 3 and under 21 years
of age and has not received a high school diploma.

5. On _____ (date), _____ (child' s/youth' s name) made a request for

(Check applicable boxes)

enrollment in a school or a school program,

transportation,

other (please specify) _____

_____ to the _____ School District.

6. The above request was denied by respondent on _____ (date).

(Attach copy of denial if available)

7. Please check and complete all that apply:

The named child/youth is a homeless child because he/she lacks a fixed, regular, and adequate nighttime residence and

is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason.

Please list name, address and relationship of all persons with whom the child/youth is sharing housing. (Attach additional sheets if necessary.)

is living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations.

was abandoned in a hospital.

[] is awaiting foster care placement.

[] is a migratory child.

[] other (**please specify**) _____

The named child/youth has a primary nighttime location that is:

[] a supervised, publicly or privately operated shelter designed to provide temporary living accommodations, such as a shelter operated or approved by the State or local department of social services or residential programs for runaway and homeless youth.

List name and address of shelter (The name and address of the shelter is not required if child's/youth's primary nighttime location is a domestic violence shelter):

[] a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation, such as a car, park, public space, abandoned building, substandard housing, bus or train stations or similar settings.

8. Describe child's/youth's current living arrangements indicated above:
(Attach any relevant documents and add additional pages as necessary.)

9. List address of child's/youth's last permanent residence:

10. Prior to becoming homeless, _____ (child's/youth's name) was attending, or entitled to attend, the _____ School District on a tuition-free basis.

11. Describe the circumstances causing child/youth to become homeless: **(Attach any relevant documents and add additional pages if necessary.)**

12. Since _____ (child's/youth's name) became homeless, he/she has attended the following school districts. **(If known, list the approximate dates of attendance at each school district listed.)**

13. List names and address(es) of child's/youth's parent(s) or legal guardian(s):

14. Are child's/youth/s parent(s) or legal guardians homeless? (**Check one.**)

[] yes [] no

IF THE CHILD/YOUTH LIVES WITH SOMEONE OTHER THAN HIS/HER PARENTS OR LEGAL GUARDIANS, COMPLETE PARAGRAPHS 16 - 19. OTHERWISE, GO TO PARAGRAPH 20.

15. _____ (name of appropriate individual(s)) is/are providing support for _____ (child's/youth's name).

16. _____ (name of appropriate individual) exercises control over _____'s (child's/youth's name) activities and behavior.

17. _____'s (child's/youth's name) parent(s) has surrendered parental control over _____ (child's name) to _____ (appropriate individual), if applicable.

18. Describe the nature of child's/youth's relationship with parents/legal guardians, such as the last contact, frequency and nature of contacts, etc.

19. Please check and complete one of the following statements:

[] _____ (child's/youth's name) is currently attending
OR the _____ School District.

[] _____ (child's/youth's name) has not been attending school
or receiving any educational services since _____ (date).

20. (Check one box.)

[] I am [] I am not designating the liaison for homeless children and youth of the respondent school district to receive and hold correspondence regarding this appeal.

21. Address to which correspondence regarding this appeal should be sent: (If the liaison is designated, list the liaison's address.)

WHEREFORE, I respectfully request: (Complete all that apply)

1. An immediate order from the Commissioner permitting _____ (child's/youth's name) to attend the _____ School District with transportation provided/arranged by such school district pending a decision on the merits of this appeal.

2. A determination that _____ (child's/youth's name) is a homeless child entitled to attend the _____ School District without the payment of tuition.

3. A determination that _____ (child's/youth's name) is a homeless child entitled to transportation provided by the _____ School District.

4. Such other relief as the Commissioner deems just and proper.

5. Other (please specify)

DATE: _____

List your name, address and phone number **OR** the name, address and phone number of the homeless liaison.

NAME: _____

ADDRESS: _____

PHONE: _____

ATTACH ANY SUPPORTING AFFIDAVITS AND EXHIBITS.

STATEMENT OF PETITIONER
FOR AN APPEAL INVOLVING A HOMELESS CHILD OR YOUTH

NOTE: THE FOLLOWING STATEMENT MUST BE COMPLETED AND SUBMITTED WITH THE NOTICE OF PETITION AND PETITION INVOLVING A HOMELESS CHILD OR YOUTH

_____ (name of petitioner) states that he/she is the petitioner in this proceeding and is the parent or guardian of a homeless child or youth or is an unaccompanied youth as defined by §100.2(x) of the regulations of the Commissioner of Education; that he/she has read the annexed petition and any supporting affidavits or exhibits and knows the contents thereof; that the same is true to his/her knowledge except as to the matters therein stated to be alleged upon information and belief, and as to those matters he/she believes it to be true and further acknowledges that he/she is aware of the fact that, pursuant to Penal Law §175.30, a person who knowingly offers a false instrument for filing to a public official or public servant is guilty of Offering a False Instrument for Filing in the 2nd Degree, a Class A Misdemeanor.

Petitioner's Signature

Date