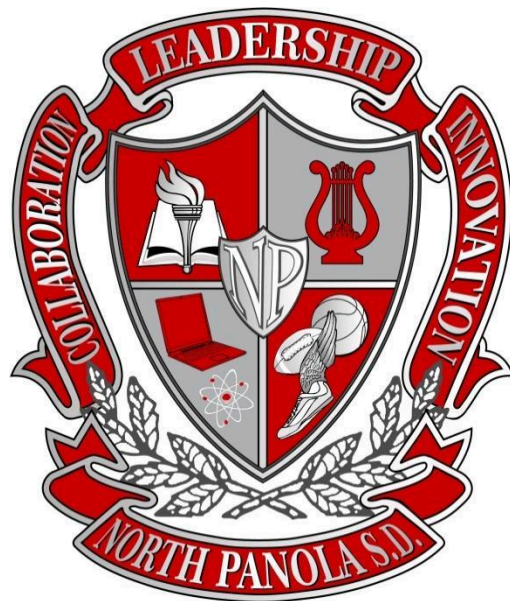


2025 - 2026 School

Year

North Panola School District



Plan for the Continuity of Educational Services for Homeless and/or Unaccompanied Youth

**Office of Federal Programs
470 Highway 51 North
Sardis, MS 38666
Phone: 662-487-2305
Fax: 662-487-2015**

North Panola School District

Homeless Children and Youth and Unaccompanied Youth Plan of Service

In accordance with the McKinney-Vento Act Homeless Assistance Act, the North Panola School District will work with school and local officials in the identification of homeless and unaccompanied youth.

The North Panola School District adopts the definition of homeless as stated in the McKinney-Vento Act which defines “homeless children and youth” as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes:

- Children and youth who are:
 - sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up);
 - living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations;
 - living in emergency or transitional shelters;
 - abandoned in hospitals; or
 - awaiting foster care placement;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children who qualify as homeless because they are living in circumstances described above.

All homeless children and youth who reside within the North Panola School District and who seek admission or enrollment will be accommodated as far as is reasonably possible.

The counselor or parent liaison where the child enrolls in school will upon application to enroll inform the district homeless liaison. The district homeless liaison, school/district administration, and the appropriate social service agency (if necessary) will determine (with consultation from parents/caregivers) where the child's best interest can be served.

The North Panola School District will:

- Express prohibition against segregating homeless students
- Follow guidance requirements for transportation to and from school of origin
- Provide immediate school enrollment requirement
- Make placement determinations that are in “best interest” of the child or youth unless it is contrary to the wishes of the parent or guardian.
- Assign a local liaison for homeless children and youth

The homeless liaison to investigate and report disputes that are believed to be in non-compliance with the Stewart B. McKinney Homeless Assistance Amendment Act and/or issues that deal with the educational placement of homeless children and youth. The local superintendent or designee will initiate steps to resolve the dispute in accordance with the dispute grievance procedure required by the Stewart B. McKinney Homeless Assistance Amendment Act (See Appendix A).

In the event the dispute cannot be solved locally, the parent, guardian and/or superintendent or designee may request a formal review of the dispute by the State Department of Education's Coordinator of the Homeless Program. The review must be requested in writing immediately after the dispute takes place.

The Superintendent's designee will serve as the district staff person to investigate complaints relating to non-compliance.

Persons having a complaint regarding issues dealing with the education of homeless youth should present those complaints in writing to the Superintendent's designee.

These procedures align with NPSD Board Policy JQN.

Appendix A

North Panola School District Homeless Dispute Resolution Form Written Notification of Enrollment Decision (FORM 1)

This form is to be completed by the District Homeless Education Liaison when an enrollment request is denied.

Date: _____

Person completing form: _____ Job title: _____

In compliance with Section 722(g) (3) (E) of the McKinney-Vento Homeless Education Assistance Act of 2001, the following written notification is provided to:

Parent or Guardian: _____

Student(s): _____

Regarding Enrollment Request:

After reviewing your request to enroll the student(s) listed above, the enrollment request is denied based upon the following:

You have the right to appeal this decision by completing the attached appeal form (**Form 2**) or by contacting the North Panola School District Superintendent:

Dr. Willner Bolden, III
North Panola School District
470 Highway 51 North
Sardis, MS 38666

(662) 487-2305

Please Note:

- The student(s) listed above have the right to immediately enroll in the school of residency or school of origin, pending resolution of the dispute.
- You may use the form attached to this notification to provide evidence to support your position.
- You may contact the state coordinator for homeless education:
State Coordinator Telephone: 601-359-3499
Mississippi Department of Education Fax: 601-359-2587
PO Box 771
Jackson, MS 39205-0771
- You may seek the assistance of advocates or attorneys.

**Education of Homeless Children and Youth
Request for District-Level Dispute Resolution (FORM 2)**

This form is to be completed by the parent, guardian, caretaker, or unaccompanied youth to appeal the decision of the district Homeless Education Liaison.

Date submitted: _____

Person completing form*: _____

Contact Information: _____

Relationship to student(s): _____

Student(s): _____

School: _____

Date of enrollment decision being appealed: _____

I wish to appeal the enrollment decision made by the district Homeless Education Liaison.

I have been provided with:

- A written explanation of the district Liaison's decision (**Form 1**).
- Contact information for the superintendent:

Dr. Wilner Bolden, III (662) 487-2305
North Panola School District
470 Highway 51 North
Sardis, MS 38666
- A copy of the District-Level Dispute Resolution Process concerning enrollment for student experiencing homelessness.

Optional: You may include a written explanation to support your appeal in the space provided below. _____

*Signature of person completing form: _____

Appendix B

North Panola School District Homeless Identification Form

The following information will be documented in the drive shared by counselors and Homeless Liaison for purposes of MSIS documentation. The services and barriers will be indicated by writing the corresponding numbers.

School	Student Name	MSIS Number	Services	Barriers	Living Conditions	Unaccompanied Youth

Services

1. Addressing need related to domestic violence	10. Obtaining or transferring records necessary for enrollment
2. Assistance with participation in school programs	11. Parent education related to rights and resources for children
3. Before, after school, mentoring, summer programs	12. Referrals for medical, dental, and other health services
4. Clothing to meet school requirements	13. Referral to other programs and services
5. Coordination between schools and agencies	14. School supplies
6. Counseling	15. Staff professional development and awareness
7. Early childhood programs	16. Transportation
8. Emergency assistance related to school attendance	17. Tutoring or other instructional support
9. Expedited evaluations	18. No Services Provided

Barriers

1. Eligibility for homeless services	5. School records
2. Immunizations	6. School selection
3. Other barriers	7. Transportation
4. Other medical records	

Living Conditions

1. Doubled-up	3. Hotels-Motels
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2. Shelters	4. Unsheltered
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Appendix C

North Panola School District Homeless Student Rights Verification Sheet

Student's Name _____ School _____

Grade ____ School Year _____ School Enrollment Designee's Name _____

☐ **Student was given their rights upon identification**

Student's signature _____

School Enrollment Designee's signature _____

Date _____

☐ **Student was given their rights two additional times during school year**

Student's signature _____

School Enrollment Designee's signature _____

Date _____

☐ **Student consulted with School/Academic Counselor to collaborate and
implement an Academic Plan or Career Plan (High School Student)**

Student's signature _____

School Enrollment Designee's signature _____

Date _____

☐ **Student was notified of their right to file independently on the FAFSA (College
Enrollee)**

Student's signature _____

School Enrollment Designee's signature _____

Date _____

Appendix D

STUDENT RESIDENCY QUESTIONNAIRE

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

STUDENT NAME	M/F	BIRTHDATE	GRADE	PREVIOUS SCHOOL

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **Yes**__ **No**__

2. Do you and the student live in:

- ☐ shelter
- ☐ motel/hotel
- ☐ temporarily with another family in a house, mobile home, or apartment
- ☐ in a car or RV
- ☐ at a campsite
- ☐ transitional housing
- ☐ other location _____

3. The student lives with:

- ☐ one parent
- ☐ two parents
- ☐ a qualified relative
- ☐ friend(s)
- ☐ an adult that is not the legal guardian
- ☐ alone with no adult(s)

4. I am:

- ☐ the parent/legal guardian of the above-named student
 - ☐ a qualified adult relative of the above-named student
- Relationship_____

5. The student has an IEP/504-Plan/EL or was in the eligibility process for SPED services. __Yes __No

6. **I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.**

Print Name _____ Signature: _____ Date: _____

Residence: _____
Street City Zip

Mailing Address: _____
Street City Zip

Telephone: (____) _____ Cell Phone: (____) _____

FOR SCHOOL USE ONLY

(This section must be complete regardless of the number of questions answered for all students.)

____Student is eligible under McKinney Vento **(Principal Signature Required)**

____Student is not eligible under McKinney Vento **(Principal Signature NOT Required)**

____Follow-up Required **(Principal Signature NOT Required)**

School Official Completing Enrollment_____ Date: _____

Principal Signature_____ Date Received_____