

Caseworkers can copy this form on agency letterhead and give it to the adult who is registering a foster child for school.

Child: _____ DOB: _____

Student ID: _____ CIN (Medicaid #) _____

Address: _____

Previous School: _____ Current Grade: _____

Check one: General Ed _____ Special Ed _____ Gifted Program _____

Foster Care Agency _____

Caseworker/Contact: _____ Phone Number: _____

Address: _____

Parent(s): _____ Phone Number: _____

Address: _____

Foster Parent(s): _____ Phone Number: _____

Date of Placement with Foster Parent: _____

Interaction with Parent (circle one): Permitted Limited Prohibited

Date of Court Order (if applicable): _____

Other Relevant Information: