

DEPARTMENT OF CHILDREN & FAMILIES
School Registration Information for Foster Care Children

(*To be completed by the Dependency Case Manager prior to school registration.*)

Date: _____

First: _____

Last: _____

DOB: _____

Student ID: _____

Sex: _____

Grade: _____

Assigned School: _____

Name of Caregiver: _____

Caregiver Address: _____

Caregiver Phone #: _____

Dependency case worker Name: _____

Phone #: _____

Supervisor's Name: _____ Sup. Phone #: _____

Children's Legal Services Attorney Name: _____

Phone #: _____

Guard Ad litem Name: _____

Phone #: _____

Court Appointed Attorney name: _____

Phone #: _____

Special Needs: ☐ ESE ☐ ESOL ☐ SOCIAL ☐ MEDICAL ☐ EMOTIONAL

Comments: _____

Have parental rights been terminated? ☐ NO ☐ YES (attach court order)

Is there a court order prohibiting/limiting
natural parent or other person from
contact with student? ☐ NO ☐ YES (attach court order)

Date of last psychological reports? ☐ NO ☐ YES, Date: _____

Date of last psychiatric reports? ☐ NO ☐ YES, Date: _____

Date of last CBHA? ☐ NO ☐ YES, Date: _____

Persons authorized to sign non-ESE school consent forms (Code of Conduct, Permission for Field Trips, etc.) include all CBC/Dependency representatives and the caregiver listed above.

Persons listed below are authorized to pick up this child:

CBC Responsible persons

Caregiver listed above