

**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