PELHAM PUBLIC SCHOOLS
Pelham, NY 10803

ENROLLMENT FORM- FOSTER HOME/GROUP HOME STUDENT

DATE:_____

1. _____ _____ _____
Child's Last Name Child's First Name Date of Birth Social Security #

2. Name of foster parents or group home:_____

Address:_____
Number and Street City State Zip
Entry date to above residence:_____

3. Name and address of social services commissioner charges with financial care of child, if applicable:

Name:_____

Address:_____
Number and Street City State Zip

4. Name and address of parent/legal guardian when child became public charge:

Name:_____

Address:_____
Number and Street City State Zip

5. Name of school last attended: _____

Address:_____
Number and Street City State Zip
Grade:_____ Date last attended:_____

6. Name of agency responsible for foster care placement: _____

Address:_____
Number and Street City State Zip

7. Signature of authorized official action on child's behalf: _____
Signature

_____
Print Name

The information obtained by this School District shall be deemed privileged and confidential, shall be used only for the limited purposes of properly establishing the responsibility for the cost of instruction and tuition of a child who is a public charge in foster family care, and shall not be disclosed by the school district or any employee thereof for any other purpose.

For Pelham School District Registrar's Use Only:
Date of admission: _____ Designated school/program:_____
Name of school official:_____ Signature of school official:_____