



**WHITE BEAR LAKE AREA SCHOOLS #624**  
*Leading minds to learning, hearts to compassion and lives to community service.*

Foster Care Verification Form

Foster Care Liaison: 651-407-7559

The Every Student Succeeds Act of 2015 includes assurances that students living in foster care be enrolled in or remain at their school of origin (the school of attendance at the time they move to foster care), unless it is determined that it is not in their best interest to do so. Please complete the following form to determine if this law pertains to your current situation.

List all children or youth living in the situation above.

First	Middle	Last	School (if known)

<b>Enrolling Adult (check all that apply):</b> <input type="checkbox"/> Foster Parent <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other
<b>Name(s):</b>
<b>Phone:</b> _____ <b>Email Address:</b> _____

If completed at the school site, please indicate the name of the staff person in the "Other" category.

<b>Child Status Information</b>
<b>Have parental rights been terminated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of Legal Guardian:</b> _____
<b>Do you have legal documents or a placement letter from the county?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>County Contact Information</b>
<b>County Worker:</b> _____ <b>Division:</b> _____ <b>Phone:</b> _____
<b>Address:</b> _____ <b>Email:</b> _____

*Please complete other side*

<b>Foster Home Information</b>	
Foster Parent(s) Name(s) <i>(If different from above.):</i>	
Address:	
Phone(s):	Email Address:
<input type="checkbox"/> Address is within District boundaries <input type="checkbox"/> Address is outside District boundaries <input type="checkbox"/> Address is outside attendance area	

*If parental rights **NOT** terminated, complete the following information.*

<b>Primary Parent Information</b>	
Name(s):	
Address:	
Phone:	Email address:

<b>Secondary Parent Information</b>	
Names(s):	
Address:	
Phone:	Email address

<b>For Enrollment Center Use Only:</b>	
Documentation Provided:  <input type="checkbox"/> County Placement Letter <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Legal Guardian Documentation	Distribution of Information:  <input type="checkbox"/> Documents sent to Information Services <input type="checkbox"/> Copy Sent to Foster Care Liaison <input type="checkbox"/> Copy Sent to School(s)

<b>For Foster Care Liaison Use Only:</b>	
<input type="checkbox"/> Transportation Request Submitted:  <input type="checkbox"/> Transportation Route Assigned:	Notes: