



School: _____

Date: _____

FOSTER STUDENT QUESTIONNAIRE

1. STUDENT:

Last Name: _____ First Name: _____ Middle Name: _____

2. FOSTER YOUTH ID # _____

3. CARETAKER: Foster Parent Relative Group Home

Name: _____ Daytime Phone: _____ Cell: _____

Address: _____ City: _____ Zip: _____

4. COUNTY SOCIAL WORKER:

5. Name: _____ Daytime Phone: _____ Cell: _____

County: _____

Mailing Address: _____ City: _____ Zip: _____

6. FOSTER FAMILY:

Agency Name: _____ Daytime Phone: _____

Foster Family Social Worker: _____ Daytime Phone: _____

7. EDUCATIONAL RIGHTS:

Person Holding Educational Rights: _____ Daytime Phone: _____

Person Holding Educational Rights: _____ Daytime Phone: _____

8. CASA WORKER:

Name: _____ Daytime Phone: _____

9. PROBATION OFFICER:

Name: _____ Daytime Phone: _____

10. Last School Attended: _____ School District: _____

Address: _____

Last Grade Attended: _____ Never Attended School: _____

11. EXPELLED: No Yes Date Reinstated: _____

12. SPECIAL SERVICES: IEP 504 EL (English Learner) Indicate Services Received: Speech & Language RSP SDC

Warning: Do not sign this form if any of the statements are incorrect, or you will be committing a crime punishable by a fine, imprisonment or both. (Obtained from Caregiver's Authorization Affidavit [Affidavit authorized by Part 1.5 {Section 6550} of Division 11 of the California Family Code] in "Enrolling Students Living in Homeless Situations" CDE, Sacramento, 1999).

Parent/Guardian/Unaccompanied Youth Signature

Date

RECORDS PROVIDED (OFFICE USE ONLY)

	YES	NO
Birth Certificate		
Immunizations		
IEP		
Agency Placement Forms		
Court Documents		