



Scholar Name: _____ Date of Birth: _____

Current School: _____ Date of Enrollment: _____

Transportation Needed: ☐ No ☐ Yes _____

☐ **Parent/Guardian/Legal Contact Name:** _____

Contact Court Approved Information: _____

Notes: _____

Foster Care Parent/Guardian Name: _____

Contact Information: _____

☐ Authorized to make general educational decisions

☐ Authorized to make Individualized Education Plan decisions

☐ Authorized to make 504 decisions

☐ Medical decisions need prior authorization by DSHS caseworker, except emergent medical care that prevents death or serious harm

Notes: _____

DSHS Social Worker Name: _____

Contact Information: _____

When should social worker be contacted? _____

☐ Authorized to make Individualized Education Plan decisions

☐ Authorized to make 504 decisions

☐ Authorized to make medical decisions

Notes: _____

☐ Attach copy of court order/DSHS placement letter

☐ Date _____

Other Foster Care Youth's Team Contact and Role

☐ Tree House: _____ Role: _____ ☐ Release of Information signed

☐ Guardian Ad Litem: _____ Role: _____ ☐ Release of Information signed

☐ Court Appointed Special Advocate:

_____ Role: _____ ☐ Release of Information signed

☐ Other: _____ Role: _____ ☐ Release of Information signed

Form filled out by (PRINT NAME): _____ **Title:** _____

Signature: _____ **Date:** _____

Original: Educational Records **Copies:** Office of Equity & School Principal