

FOSTER CARE CONFIDENTIAL REFERRAL FORM

Louisiana School District: Calcasieu Parish _____

Date _____

Student _____ (M/F) Foster Parent/Guardian _____ Race _____

School _____ Age _____ Grade _____ Special Ed: Gifted:

Student I.D.# _____ D.O.B. _____ Phone Number _____

Address _____ City _____ Zip _____

School Foster Care POC (*Point of Contact*) _____
(*Print Name*)

School Bus Transportation needed: Yes No

School of origin: Yes No

COMMENTS: _____

Other children in home: _____

Email: federalprogramsrosteet@cpsb.org

this form along with a copy of the **DCFS CHILD WELFARE CHILD PLACEMENT AGREEMENT FORM**

Copy sent to J. Bellard, District Foster Care Point of Contact

Copy Placed in Student's Cumulative Record

Principal or Asst. Principal Signature DATE

Johnethia Bellard, Foster Care POC Signature DATE

NOTE: Email: federalprogramsrosteet@cpsb.org
 2423 6th Street, Lake Charles, LA 70601
 PHONE: (337) 217-4170 Ext. 2408 or Ext. 2407