



**DEPARTMENT OF CHILDREN & FAMILIES**  
**School Registration Information**

(\*To be completed by the Case Manager prior to school registration.\*)

Date: pre-fill with current date  
First: pre-fill  
Last: pre-fill  
Middle Name: pre-fill  
DOB: pre-fill  
Student ID: user entered  
Gender: pre-fill  
Grade: pre-fill from current grade level  
Reason for Change: pre-fill  
Assigned School: pre-fill from most recent school name  
Name of Caregiver: user entered  
Caregiver Address: user entered  
Caregiver Phone Number: user entered

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Child Advocate Name Phone Number

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Child Welfare Case Manager or Child Protective Investigator Name Phone Number

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Supervisor's Name Phone Number

Special Needs:  ESE  ESOL  SOCIAL  MEDICAL  EMOTIONAL

Comments: \_\_\_\_\_

Have parental rights been terminated?  NO  YES (attach court order)

Is there a court order prohibiting/limiting natural parent or other person from contact with student?  NO  YES (attach court order)

Psychological reports exist?  NO  YES  
If yes, Date: \_\_\_\_\_

Psychiatric reports exist?  NO  YES  
If yes, Date: \_\_\_\_\_

Child Behavioral Health Assessment Evaluation exists?  NO  YES  
If yes, Date: \_\_\_\_\_

\*If any information changes, please fax data to school ASAP.



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Persons authorized to sign non-ESE school consent forms (Code of Conduct, Permission for Field Trips, etc.) include all child welfare representatives and the caregiver listed above.

Persons listed below are authorized to pick up this child:

Child Welfare Representative

Caregiver listed above

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