



SCHOOL REGISTRATION INFORMATION

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

Date:

First:

Last:

Middle Name:

DOB:

Student ID:

Gender:

Grade:

Reason for Change:

Assigned School:

Name of Caregiver:

Caregiver Address:

Caregiver Phone Number:

Child Advocate Name

Phone Number

Child Welfare Case Manager or Child Protective Investigator Name

Phone Number

Supervisor's Name

Phone Number

Exceptional Student Education Program(s)

| ESE Program | If Other, Specify | Start Date | End Date |
|-------------|-------------------|------------|----------|
| | | | |

Have parental rights been terminated?

NO

YES (attach court order)

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



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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:

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

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