



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

Child Advocate Name _____ Phone Number _____

Child Welfare Case Manager or Child Protective Investigator Name _____ Phone Number _____

Supervisor's Name _____ Phone Number _____

Comment [AMJ1]: Pre-fills with the most recent Primary Worker assigned to the FSFN Case with an assignment "Type" of Ongoing Services or Child Investigations.

Exceptional Student Education Program(s)

ESE Program	If Other, Specify	Start Date

Comment [amj2]: Pre-fills in a table format to capture the Program Type; if "Other" will pull in the user entered field associated with the drop down; Start Date and End Date (if captured); this pulls from the Education page – Education Information tab – ESE Programs group box.

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: _____

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



SCHOOL REGISTRATION INFORMATION

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

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

Comment [amj3]: This will pre-fill with the applicable Yes or No response based on the MMH record – Mental Health Profile tab – Last Date of CBHA Evaluation. If date documented, shows Yes. If date is null on MMH, shows No. This is pulling from the MMH record within the same Case that the Education record is documented within, which the notification is being launched from.

Comment [amj4]: Goes with comment amj2 above. This pulls the date from the Last Date of CBHA Evaluation on MMH.

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