

School Registration Information for Children under DCF Care

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

(Appendix 34)

Child's Name (print)

\_\_\_\_\_

\_\_\_\_\_

LSF Case Manager

\_\_\_\_\_

\_\_\_\_\_

Supervisor

\_\_\_\_\_

\_\_\_\_\_

Initial Registration       Change      \_\_\_\_\_ (date of update)

Student Nicknames, AKA: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security No (if applicable) (optional): \_\_\_\_\_

Sex: \_\_\_\_\_

Grade: \_\_\_\_\_

Assigned School: \_\_\_\_\_

Name of Caregiver: \_\_\_\_\_

Caregiver Address: \_\_\_\_\_

Caregiver Phone #: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Special Needs:     ESE       ELL (ESOL)       SOCIAL       MEDICAL       EMOTIONAL

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

Have parental rights been terminated?       NO       YES

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

Persons authorized to sign non-ESE school consent forms (Code of Conduct, Permission for Field Trips, etc.) Routine permission slips for school activities can be signed by: caregiver or parent unless parental rights have been terminated. ESE and formalized testing consents must be signed by a parent. If the parent is unavailable, a court order must be obtained.

Persons listed below are authorized to pick up this child:

\*Children's Network Representative

\*Caregiver listed above

\*Others: \_\_\_\_\_

Current Living Situation: (In order to determine whether or not a surrogate parent is needed).

- 1. \_\_\_ In-Home (Supervision)
- 2. \_\_\_ Relative Placement
- 3. \_\_\_ Licensed Foster Care
- 4. \_\_\_ Group Home/Licensed Residential Facility
- 5. \_\_\_ Licensed Residential Treatment Facility
- 6. \_\_\_ Other (\_\_\_\_\_)
- 7. \_\_\_ DJJ or Alternate School Placement

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

This form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are unable to reach the Case Manager or Supervisor in an emergency, call Children's Network SWFL 239-226-1524 After hours, please call 1-800-96ABUSE if caretaker is not available**

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