

DEPARTMENT OF CHILDREN & FAMILIES, DISTRICT 10 / CHILDNET School Registration Information for Foster Care Children

Date:	<u>08/5/13</u>		
First:			
Last:			
DOB:	·		
Student ID:		· <u></u>	
Sex:	<u>M</u>		
Grade:	<u>K</u>		
Assigned School:	Sea Castle Elementary		
Name of Caregiver:			
Caregiver Address:			
Caregiver Phone #:			
Child Advocate Name: Michelle			
Supervisor's Name:			Sup. Phone #:
Special Needs: ESE	E. ESOL 🗌	SOCIAL [MEDICAL EMOTIONAL
Comments:			
Have parental rights been terminated? ⊠ NO			YES (attach court order)
Is there a court order pr	ohibiting/limitin	g	
natural parent or other person from contact with student?		□ №	☑ YES (attach court order)
Date of last psychological reports? Date of last psychiatric reports? Date of last CBHA?		⊠ NO ⊠ NO □ NO	☐ YES, Date: ☐ YES, Date: ☑ YES, Date: 12/27/12
Persons authorized to si Field Trips, etc.) include	ign non-ESE so all ChildNet re	chool consent presentatives	forms (Code of Conduct, Permission for and the caregiver listed above.
Persons listed below are ChildNet Representative Caregiver listed above	authorized to	pick up this cl	hild: