

EDUCATIONAL ENROLLMENT INFORMATION FORM

Date _____

Responsible state agency: ____ DCF ____ KDOC	As authorized by K.S.A. 38-1507 and K.S.A. 38-2310, contractors or Community Supervision Agency (CSA) will complete this form and ensure delivery to the school upon, or prior to, enrollment of student.
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Students Name	DOB	SSN
Placement	Address	

Primary Contact Person

Phone #	Cell or Pager #
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Last two (2) schools attended. High School students will bring available transcripts & withdrawal grades (when possible).

Name	USD #
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Address

Phone #	Fax #	Dates Attended
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Name	USD #
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Address

Phone #	Fax #	Dates Attended
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Grade	Regular Education	Special Education	Alternative School
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Does student have any of the following?

• IEP (Individual Educational Plan)	Yes	No	UNKNOWN
• 504 Plan (with documentation)	Yes	No	UNKNOWN
• School Behavior Contract/Management Plan	Yes	No	UNKNOWN
• SIP (Student Improvement Plan)	Yes	No	UNKNOWN

Is the student currently suspended?	Yes	No	Date	Length
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Is the student currently expelled?	Yes	No	Date	Length
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If yes, please explain (fighting, truancy, drug/alcohol, etc.)

Special staffing needs or safety precautions:

Brief description of reason(s) for out-of-home care as relevant to learning process:

Current Medications:

Physical or mental health conditions as relevant to learning process:

PARENT/LEGAL GUARDIAN INFORMATION

Mother:

Address					
Phone #		Fax #		Pager #	
Restricted Contact?	Yes	No	Parental Rights Terminated?	Yes	No

Father:

Address					
Phone #		Fax #		Pager #	
Restricted Contact?	Yes	No	Parental Rights Terminated?	Yes	No

Educational Advocate:

Contact Person					
Address					
Phone #		Fax #		Pager #	

AGENCY CHAIN OF COMMUNICATION

Second Contact – Placement Provider:

Contact Person					
Address					
Phone #		Fax #		Pager #	

Third Contact – Contractor/CSA:

Contact Person					
Address					
Phone #		Fax #		Pager #	

Fourth Contact – DCF Social Worker/CSA Supervisor:

Contact Person					
Address					
Phone #		Fax #		Pager #	

Fifth Contact – Agency Administrator:

Contact Person					
Address					
Phone #		Fax #		Pager #	

OTHER INFORMATION RELEVANT TO THE LEARNING PROCESS OF THIS STUDENT

Contact Person					
Address					
Phone #		Fax #		Pager #	

Name of person filling out this form:

Agency

Signature	Phone	Date
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