GROUP HOME/ FOSTER HOME STUDENT INFORMATION

Name of Group/Foster Home: _____ Date: _____

Address: _____ City: _____ ZIP: _____

Contact Person: _____ Phone: _____

Student Name: _____ DOB: _____

Student's Physical Address: _____

Date Placed at Group/Foster Home: _____

Educational Rights Held By:_____
Name and Phone Number

P.O. Name: _____ Phone #: _____
If applicable

Social Worker's Name: _____ Phone #: _____
If applicable

Last Two Schools attended:

1. School Name: _____ District: _____

Phone #: _____ School Type _____
NPS, District, Community, Juvenile Hall

Date of Attendance: _____

2. School Name: _____ District _____

Phone #: _____ School Type _____
NPS, District, Community, Juvenile Hall

Dates of Attendance: From ___/___/___ To: ___/___/___

Special Education: _____ Yes _____ No 504 Plan: _____ Yes _____No

Has student been or is currently under expulsion order? ____YES ____ NO