



**DEPARTMENT OF  
CHILDREN & FAMILIES  
School Registration Information**



Completion Date: \_\_\_\_\_  Initial  Updated

Shelter Date: \_\_\_\_\_  Out of Home Care  In Home Care

First: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

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

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

Dependency Case Manager Name (DCM): \_\_\_\_\_

Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

DCM Supervisor's Name: \_\_\_\_\_ Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Children's Legal Services Attorney Name (CLS) \_\_\_\_\_ Phone #: \_\_\_\_\_

Guardian Ad Litem Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Court Appointed Attorney Ad Litem Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special Needs:  ESE (must include IEP)  ESOL  SOCIAL  MEDICAL  TRANSPORTATION

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

**Please Attach Educational Order**

Have parental rights been terminated?  NO  YES  
Has the student been reunified with the parent?  NO  N/A  YES  
List persons that are prohibited from contact with student: \_\_\_\_\_

Date of last psychological reports?  N/A  YES, Date: \_\_\_\_\_  
Date of last psychiatric reports?  N/A  YES, Date: \_\_\_\_\_  
Date of last CBHA?  N/A  YES, Date: \_\_\_\_\_

Persons authorized to sign non-ESE school consent forms (Code of Conduct, Permission for Field Trips, etc.) include all CBC/Dependency representatives and the caregiver listed above.

Persons listed below are authorized to pick up this child: CBC responsible representative with official Children's Home Society or ChildNet ID that states "FS 409.1671, legislative intent is that DCF outsource foster care & related services. The person identified on this badge is a foster care Case Manager having met level 2 background screening requirements".

Caregiver: \_\_\_\_\_ Other: \_\_\_\_\_