

# Oklahoma City Public Schools

## Foster Care Education

1201 NE 48<sup>th</sup> St. Oklahoma City, OK 73111

O: 405.587.0058 F: 405.587.1443



Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

KK# \_\_\_\_\_ Therapeutic Foster Home? Y N Facility: \_\_\_\_\_

Primary Worker: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ County: \_\_\_\_\_

Best Interest Determination made? Y N School Chosen: \_\_\_\_\_

### Previous Schools:

1) \_\_\_\_\_ City: \_\_\_\_\_ Grade \_\_\_\_\_ IEP/504/SpEd? Y N

2) \_\_\_\_\_ City: \_\_\_\_\_ Grade \_\_\_\_\_ IEP/504/SpEd? Y N

### Placement Information:

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Alternative Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_

Parental Rights Intact: Y N Legal Restrictions/Visitation/School Participation: \_\_\_\_\_

Current Permanency Goal: \_\_\_\_\_

Does the child have siblings? Y N

Please list below:

Sibling

Age

School Attending

City

---

---

---

---

---

---

Is there anything else the school should know about this child to help provide educational services?

---

---

---

---

---

---

Person filling out this form:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_