**SCHOOL NOTIFICATION OF ENROLLMENT/CHANGE OF PLACEMENT**

Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:**  |       | **DOB:**  |       | **Grade:** |       |  **DCN:** |       |
| **Date of foster care entry:** |       |  **County of Jurisdiction:** |       |
| **TO:**  | School District Name | **LEA POC:**  | School Districts Foster Care Point of Contact |
| **SOO:**  | School of Origin  | **LEA POC:**  | School Districts Foster Care Point of Contact |

The above-named student is currently in the legal custody of the Missouri Department of Social Services Children's Division, and placed in foster care. The Children's Division is considered this child's legal custodian. This letter is intended to provide enrollment or change in placement information and facilitate communication between the educational provider, the placement provider, and Children’s Division/contracted staff.

Additionally, The Healthy, Hunger-Free Kids Act of 2010 grants automatic eligibility for free school meals to foster children, without the necessity of an application. Therefore, the above-named student shall be granted free school meals at this time due to their status in foster care.

**NOTICE TO CURRENT SCHOOL:** (Select one option)**:**

|  |  |  |
| --- | --- | --- |
| New FosterCare Entry | PlacementChange |  |
|[ ] [ ]  Student’s placement causes no change to their school setting/enrollment (no BID). |
|[ ] [ ]  Student’s placement remains in district but in a new school (BID meeting needed). |
|[ ] [ ]  Student was previously receiving home school services (no BID). |
|[ ] [ ]  Student’s placement is outside the district (BID meeting needed). |

**NOTICE TO NEW SCHOOL:**

[ ]  Student will be moving into your school district. A BID meeting is being requested from the school of origin.

[ ]  Student has moved into your school district but due to the emergency nature of the move, no BID meeting could

occur prior to placement. A BID meeting is being requested from the school of origin.

[ ]  Student will be residing in your school district but will be receiving home school services.

**STUDENT INFORMATION:**

[ ]  Student received services from a Special School District prior to the placement change.

[ ]  Student has a current IEP most recently updated on      .

[ ]  Student has a current 504 plan most recently updated on      .

[ ]  Student would benefit from academic testing to determine appropriate grade level.

[ ]  Student would benefit from testing to determine if an IEP is necessary.

[ ] Other:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- |
|  **CHILDREN’S DIVISION/CONTRACTED CASE MANAGER, SUPERVISOR CONTACT INFORMATION:** |
| Case Manager: |       | Supervisor: |       |
| Phone: |       | Phone: |       |
| Email: |       | Email: |       |
| Address: |       | Address: |       |
|  |       |  |       |

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| **PLACEMENT PROVIDER/STUDENT’S EDUCATIONAL DECISION MAKER:** |
|  The Placement Provider is the child’s *Educational Decision Maker* unless otherwise specified |
| [ ]  Parent/Guardian [ ]  Foster Home [ ]  Relative Home [ ]  Other (please specify):       |
| Placement Provider: |  |
| Phone: |       |
| Email: |       |
|  Address: |       |
| **EDUCATIONAL SURROGATE (IF APPLICABLE):** |
| Name: |       |
| Phone: |       |
| Email: |       |
|  Address: |       |

 **POTENTIAL BID MEETING PARTICIPANTS (IF APPLICABLE):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role | Phone | Email |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

Sincerely,

Case Manager

Auxiliary Aids and Services are available upon request to individuals with disabilities

TDD / TTY: 800-735-2966

RELAY MISSOURI: 711

*Missouri Department of Social Services is an Equal Opportunity Employer/Program.*

CD-179 (REV. 12/23)