

PLEASE PRINT ALL INFORMATION

Colchester School District
State-Placed Student Enrollment Questionnaire

Is this child state-placed? [] Yes Complete this form. Add your signature & today's date to the bottom of the form.
[] No Do not complete this form. Add your signature & today's date to the bottom of the form.

School: _____

Student's Name: _____ Date of Birth: ___/___/___ S.S.: _____-_____-_____

Address Where Student Is Living: _____

Name of Person Completing This Form: _____

1. Is the student in DCF custody? [] Yes [] No

If yes, DCF District Office: _____

Social Worker's Name: _____ Phone #: _____

2. Is the child in the care of another child placing agency? [] Yes [] No

If yes, which agency? _____
(Mental Health, Casey Family Services, other?)

Agency Contact Name: _____ Phone #: _____

3. Who is the legal guardian/custodian? Note: This is the only person who can legally enroll the student.

Name: _____ Phone #: _____

4. Does the student have a parent living in Colchester? [] Yes [] No

Mother's Town of Residence: _____

Father's Town of Residence: _____

Legal Guardian's Town of Residence: _____

5. Is the student eligible for special education or being evaluated for special education eligibility? [] Yes [] No

If yes, who is the educational surrogate parent? If unknown, please contact the Vermont Educational Surrogate Parent Program at 863-7370.

Surrogate's Name: _____ Phone #: _____

Attention School Registrar: If the answer to question 5 is yes, you must send a copy of this form to the District's Special Education Coordinator and Medicaid Clerk.

6. Where did the student last attend school/last educational placement?

Enrollment Dates

District: _____ From ___/___/___ To ___/___/___

Contact Name: _____ Phone #: _____

Signature of Legal Guardian

Date