

Washington West Supervisory Union
State-Placed Enrollment Form

School: _____	Date Enrolled: _____	
Student: _____	DOB: ____/____/____	SS#: _____-_____-_____
Legal Guardian Enrolling Student: _____ (must be legal guardian)		
Check Enrolling Agency:	<input type="checkbox"/> DCF	<input type="checkbox"/> Mental Health Agency
	<input type="checkbox"/> Other Agency _____	

Fill in all information and send to WWSU Director of Student Support Services at Central Office.

1. Is the student in DCF custody? YES _____ NO _____
If **yes**, District Office: _____
Social Worker: _____ Phone Number: _____
2. Is the student in the care of another child-placing agency (e.g., Howard Center, Casey Family Services, or Washington County Mental Health)? *NOTE: Francis Foundation is NOT a placing agency. YES _____ NO _____
If **yes**, Agency: _____
Contact Name: _____ Phone Number: _____
3. Who is the legal guardian? * NOTE: this is the ONLY person who can legally enroll the student.
Guardian Name: _____ Phone Number: _____
4. Who are the Foster Parents? Name: _____
Address: _____
Phone number: _____
5. What town does the biological **mother** live in? _____
6. What town does the biological **father** live in? _____
7. Is the student on an IEP? YES _____ NO _____
If **yes**, who is the educational surrogate? (If unknown, contact the VT Ed Surrogate Parent Program at 828-5108.)
Contact Name: _____ Phone Number: _____
8. Where did the student last attend school/last educational placement? _____
Contact Name: _____ Phone Number: _____

Signature of Legal Guardian

Date

- All information must be completed to enroll student.
- Send copy to Donarae Cook at Washington West Supervisory Union Central Office
- Place 1 copy in student records