



INSTRUCTIONS: This form is to be completed by adult acting on behalf of a child in Pennsylvania state supervised care, including a child in the custody of or placed by a placement agency into foster care, group home, and other placements. **This form must be completed prior to the beginning of each school year.**

STUDENT INFORMATION

Student Name _____ Grade _____
Date of Birth ____ / ____ / ____ Age ____ Gender: Male Female
Last School Attended: _____
Street City State Zip
School District for Last School Attended _____

PLACING AGENCY INFORMATION

Agency with Court Order of Care _____
Address of Agency _____
Name of Social Worker/Case Worker _____ Phone () _____

PLACEMENT RESIDENCE INFORMATION (attach copies of court order and/or agency placement letter)

Foster Care Group Home Care Other _____
Name _____ Stipend: Yes No
Address _____
Name of Case Worker _____ Phone () _____

PARENT/GUARDIAN INFORMATION

Name of Parent _____ Rights Terminated: Yes No
Last Known Address _____
Street City State Zip
Name of Parent _____ Rights Terminated: Yes No
Last Known Address _____
Street City State Zip

Signature, Person Completing Form Relationship to Student Date