

## Addison-Rutland Supervisory Union

### State-Placed Student Enrollment Questionnaire

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

1. Is the student in DCF custody?      Yes    No    (circle one)

If yes, DCF District Office: \_\_\_\_\_

Social Worker & Phone Number: \_\_\_\_\_

2. Is the student in the care of another child placing agency?    Yes    No    (circle one)

If yes, which agency? \_\_\_\_\_

(Community Access Program, Mental Health, Casey Family Services, Other?)

Agency contact name & phone number: \_\_\_\_\_

3. Name of foster parent, address & phone number:

Name: \_\_\_\_\_      Phone #: \_\_\_\_\_

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

4. Student's parents town of residence:

Mother: \_\_\_\_\_      Father: \_\_\_\_\_

5. Is the student on an IEP?      Yes    No    (circle one)

If yes: Send a copy of this form to your Special Education Coordinator and Medicaid Clerk.  
Who is the educational surrogate parent? If unknown, contact the Vermont Educational  
Surrogate Parent Program at 802-828-5108.

Name: \_\_\_\_\_      Phone #: \_\_\_\_\_

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

District: \_\_\_\_\_      Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Date