EASTERN LEBANON COUNTY SCHOOL DISTRICT REGISTRATION FOR NONRESIDENT STUDENTS IN PRIVATE HOMES FOSTER CARE

Stı	udent Name:	
Da	te: Student DOB: Current G	rade:
Guardian/Foster Parent with Whom Student is Placed:		
Relationship to child, if any:		
Address:		
Phone#:		
Stipend Received:		
Placement Agency:		
Caseworker:		
Address:		
Phone#:		
Placement Date:		
Please note: This agency must provide a letter stating that the student has been placed with you in your home and include the name(s) of the birth parents and last known address for each. The letter must also include a statement as to whether or not you are being compensated for keeping the child in your home.		
Natural Parent(s):		
Address:		
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Have Parent's Rights Been Terminated: Yes No		
School District in Which the Natural Parent(s) Reside:		
Building Student Would Have Attended:		
Address:		
Who currently has legal guardianship of the child?		
TC	BE COMPLETED BY THE SCHOOL	
1.	Information on foster placement received on agency letterhead	□Yes □No
2.	Stipend identified in letter	□Yes □No
3.	Is Foster Parent in the active Adoption Process?	□Yes □No
4.	If yes to #3, is there any court documentation which identifies pre-adoptive status	□Yes □No
5.	If no to #4, inform foster parents that once pre-adoptive status is obtained through court documentation that they must notify the school district so that we may adjust our records accordingly	