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| SCHOOL NOTIFICATION AND EDUCATION RECORDS RELEASE |
| Michigan Department of Health and Human Services |
| Instructions: Foster Care staff utilize this form for the following two purposes. 1) Notification to the school of where a student is placed in foster care, and the case worker name and contact information. **This includes at the time of initial placement, or any replacement.** 2) Education records release for the purpose of enrollment in a new school or case planning. |
| Today’s Date | Student Name | Student Date of Birth | MiSACWIS Person ID |
|       |       |       |       |
| Agency/County | Assigned Case Worker |
|       |       |
| Case Worker Phone | Case Worker Email |
|       |       |
| **Check all that apply:** |
| [ ]  This serves as notice that the above named student is placed by the court in the care and supervision of the Michigan Department of Health and Human Services in the home of: |
|  |       |  |
|  |       |  |
|  |       |  |
| Phone: |       |  |
| Placement Type: |       |  |
| [ ]  It has been found in the best interest of the above named student to move schools and information is being requested for the purpose of expedited enrollment. Information can be sent to the case worker at: . |
|  The student will be enrolled at:  |
| [ ]  The above named student does not have school change but the information is being requested for the purpose of case planning. Information can be sent to the case worker at: . |
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| **The following records are hereby requested:** |
|  | [ ]  | Ongoing transcripts and report cards | [ ]  | Discipline records, if applicable |  |
|  | [ ]  | Test data / standardized test scores | [ ]  | Immunization records |  |
|  | [ ]  | English Language (ELL) test score (if applicable) | [ ]  | Health / medical records |  |
|  | [ ]  | List of courses and grades at time of withdrawal | [ ]  | Sport physical documentation |  |
|  | [ ]  | Ongoing attendance records | [ ]  | Psychological records |  |
|  | [ ]  | IEP (Individual Education Plan) if applicable | [ ]  | Copy of birth certificate |  |
|  | [ ]  | 504 Plan (if applicable) | [ ]  | Multi-Disciplinary Evaluation Team information |  |
|  | [ ]  | Surrogate parent contact information | [ ]  | Other |       |  |  |
|  | [ ]  | Most recent Behavior Intervention Plan |  |  |  |  |
| * According to federal legislation of the Fostering Connections Act and the Every Student Succeeds Act, this student must be enrolled immediately in school, even if required documentation is not readily available.
* Please contact the foster care staff to discuss the student’s academic need, school problems/concerns, and any issues regarding attendance or the student’s performance.
* Foster care staff will be able to share with school staff any information around court ordered visitation and who can and cannot have contact with the student.
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| Case Worker/Education Planner Name | Signature | Date |
|  |       |       |
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| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. |