

Student: _____ DOB ___/___/___

Person Completing Form: _____ School: _____ Date: ___/___/___

**STATE PLACED STUDENT
ENROLLMENT QUESTIONS**

Is the student in DEF Custody? YES NO

If yes, DCF District Office: _____

Social Worker Phone Number: _____

Is the child in the care of another child placing agency? YES NO

If yes, which agency? _____
(Mental Health, Casey Family Services, other?)

Agency contact name/phone #: _____

Who is the legal guardian/custodian? Note: This is the only person who can legally enroll the student.

Name: _____ Phone#: _____

Does either of the students parents live in Fairfax: YES NO

IF NO, WHERE DO THE PARENTS LIVE: Mother _____

Father _____

Is the student on an IEP? YES NO

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 828-5108.

Name: _____ Phone: _____

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

District: _____ Contact Person: _____

Phone #: _____

Signature of Legal Guardian: _____