

This form must be completed for ALL enrolling students who are currently placed in a foster home

The Foster Home Information Form is necessary to establish that the foster parent is acting in place of the student's biological/adoptive parent and therefore has the authority to exercise the rights provided in School Board Procedure 515. In addition, the form is needed to determine the student's district of residence which is crucial to accurately calculate general education revenue, other state aids, levy authority, and in many cases, determine responsibilities for tuition.

SECTIONS 1 & 2 ARE TO BE COMPLETED BY THE FOSTER PARENT

The following foster facilities are not considered a foster home placement:

1. chemical dependency and other substance abuse treatment centers;
2. shelter care facilities;
3. home, due to accident or illness;
4. hospitals;
5. day treatment centers;
6. correctional facilities;
7. residential treatment centers; and
8. mental health programs.

MN Rule 3525.2325

SECTION 1: STUDENT INFORMATION

STUDENT NAME: _____
(LEGAL) LAST FIRST MIDDLE INITIAL

GENDER: MALE FEMALE BIRTH DATE: _____ GRADE ENROLLING FOR: _____
MONTH/DAY/YEAR

SECTION 2: FOSTER PARENT INFORMATION

PARENT #1 NAME: _____
(LEGAL) LAST FIRST PHONE

PARENT #2 NAME: _____
(LEGAL) LAST FIRST PHONE

ADDRESS: _____ APT #: _____
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: _____ STATE: _____ ZIP: _____

SECTIONS 3, 4 & 5 ARE TO BE COMPLETED BY THE STUDENT'S SOCIAL WORKER

SECTION 3: BIOLOGICAL/ADOPTIVE PARENT INFORMATION

FATHER
 MOTHER - NAME: _____
(LEGAL) LAST FIRST PHONE

ADDRESS: _____ APT #: _____
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ () _____ () _____
HOME PHONE CELL PHONE WORK PHONE

FATHER
 MOTHER - NAME: _____
(LEGAL) LAST FIRST MIDDLE INITIAL

ADDRESS: _____ APT #: _____
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ () _____ () _____
HOME PHONE CELL PHONE WORK PHONE

SECTION 4: STUDENT RESIDENCY INFORMATION

Does the student have an active IEP/IFSP/IIP? No Yes

Have parental rights been terminated? No Yes: Both Parents Parent #1 Parent #2

Does the biological or adoptive parent currently live outside the state of Minnesota?
 No Yes: Both Parents Parent #1 Parent #2

Is the biological or adoptive parent currently an inmate of a Minnesota correctional facility or a halfway house?
 No Yes: Both Parents Parent #1 Parent #2

SECTION 5: SOCIAL WORKER INFORMATION

NAME: _____ COUNTY: _____
LAST FIRST MIDDLE INITIAL

SIGNATURE: _____ DATE: _____
MONTH/DAY/YEAR

PHONE NUMBER: _____ FAX: _____

Return this form to:
 ISD 279 – Osseo Area Schools
 Enrollment Center
 7051 Brooklyn Boulevard
 Brooklyn Center, MN 55429
 Fax: (763) 585-7368

FOR OFFICE USE ONLY:

DATE SENT _____

DATE REC'D _____

ID# _____

RES DIST _____

NOTES:

1. Students without an IEP are residents of where they live.
2. Students with an IEP are residents of where the parent lives, however, these students are eligible to enroll at the attendance area school assigned to the foster home's address as a SAC 19.
3. Students with an IEP are residents of where they live when parental rights have been terminated, the parent is an inmate of a Minnesota correctional facility or halfway house, or lives out-of-state.

FOSTER HOME INFORMATION FORM