

## SCHOOL NOTIFICATION AND EDUCATION RECORDS RELEASE

Michigan Department of Health and Human Services

Instructions: Foster Care Case Workers utilize this form for the following two purposes. 1) Notification to the school of where he/she is placed in foster, 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: \_\_\_\_\_

- 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 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: \_\_\_\_\_

**The following records are hereby requested:**

<input type="checkbox"/> Ongoing transcripts and report cards	<input type="checkbox"/> Discipline records, if applicable
<input type="checkbox"/> Test data / standardized test scores	<input type="checkbox"/> Immunization records
<input type="checkbox"/> English Language (ELL) test score (if applicable)	<input type="checkbox"/> Health / medical records
<input type="checkbox"/> List of courses and grades at time of withdrawal	<input type="checkbox"/> Sport physical documentation
<input type="checkbox"/> Ongoing attendance records	<input type="checkbox"/> Psychological records
<input type="checkbox"/> IEP (Individual Education Plan) if applicable	<input type="checkbox"/> Copy of birth certificate
<input type="checkbox"/> 504 Plan (if applicable)	<input type="checkbox"/> Multi-Disciplinary Evaluation Team information
<input type="checkbox"/> Surrogate parent contact information	<input type="checkbox"/> Other _____
<input type="checkbox"/> 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 me to discuss the child's academic need school problems/concerns, and any issues regarding attendance or the student's performance.

Case Worker Signature	Print Name	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.