

School Notification

This is to notify the school district that the below named child has been:

Newly placed Returned home Changed placement

Date: _____

To: _____

From: _____
 DCYF WORKER'S NAME EMAIL PHONE FAX

DCYF ADDRESS

RE: _____
 STUDENT'S NAME DATE OF BIRTH GRADE LEVEL

Statement of Confidentiality

The information disclosed in this form is confidential and disclosed under the limitations of RCW 13.50.100. This disclosure does not constitute a waiver of any confidentiality or privilege attached to the information by operation of any state or federal law or regulation. The recipient of this information must comply with the laws governing confidentiality and must protect the records from unauthorized disclosure. RCW 13.50.100(5).

The above named student is in the legal custody of DCYF and is temporarily placed at the following location:

CAREGIVER'S NAME	PHONE	TYPE OF PLACEMENT <input type="checkbox"/> Foster care <input type="checkbox"/> Relative <input type="checkbox"/> Other:
ADDRESS		

The above named student is in the legal custody of DCYF and the child has moved (or will be moving) to a new placement at the following location:

CAREGIVER'S NAME	PHONE
TYPE OF PLACEMENT <input type="checkbox"/> Foster care <input type="checkbox"/> Relative <input type="checkbox"/> Other:	ANTICIPATED DATE OF MOVE

ADDRESS

The above named student has been returned to parent / guardian care:

<input type="checkbox"/> Legal custody regained by parent / guardian or <input type="checkbox"/> Legal custody retained by DCYF	PARENT / GUARDIAN(S) NAME(S)
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ADDRESS	PHONE
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Per court order, the people named below cannot have contact with the student:

FIRST NAME	LAST NAME	RELATIONSHIP (PARENT / UNCLE / AUNT / SIBLING, NO RELATIONSHIP, ETC.)

Please notify the DCYF worker named above immediately if contact attempts are made.

The above named student is in the legal custody of DCYF and continues to reside in the parental home:

PARENT / GUARDIAN(S) NAME(S)	PHONE
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ADDRESS

School transportation to be arranged at new address to maintain education stability

NAME _____ PHONE _____

ADDRESS _____

Child / youth to be un-enrolled from school as of _____ (date).

Copy of the court order is attached.