|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Student Presented for Enrollment:** (select date) | | | | | | **Date of Enrollment:**  (Recorded by School) | | |
| **Best Interest Determination (BID) Process Information** | | | | | | | | |
| **BID Completion Date:** (Select date the BID process was completed) (Documentation must be attached) | | | | | | | | |
| **Student Information** | | | | | | | | |
| **\*\*Student Name:** (first, middle, last) | | | **DOB:** (MM/DD/YYYY) | | | | \*\***Age:** (age) | **Gender:** (M/F) |
| **Current Grade:** (grade) | **504 Plan:** (Y/N) (if yes, attach) | | | | | **Special Education (IEP):** (Y/N)(if yes, attach) | | |
| **Student’s New Placement Information** | | | | | | | | | |
| **Type of Placement:** select placement type | | | | | | | **Date of Placement:** (select date) | | |
| **\*\*Address:** (street, city, state, zip) | | | | | | | **Phone:** (\_\_\_) \_\_\_-\_\_\_\_ | | |
| **Contact:** (enter full name of foster parent(s) or group home contact) | | | | | | | **Email:** (enter email) | | |
| **Licensed Child Placing Agency (LCPA):** (enter agency/case manager-if applicable) | | | | | | | **Phone:** (\_\_\_) \_\_\_-\_\_\_\_ | | |
| **Local Department of Social Services (LDSS) Agency Information** | | | | | | | | | |
| **Custodial Department of Social Services:** (select local social services agency) | | | | | | | **Removal Date:** (select date) | | |
| **LDSS Case Worker:** (enter LDSS case worker’s name) | | | | | | | **Phone:** (\_\_\_) \_\_\_-\_\_\_\_ | | |
| **LDSS Educational Stability Liaison:** (enter liaison’s name) | | | | | | | **Phone:** (\_\_\_) \_\_\_-\_\_\_\_ | | |
| **School/Division of Origin Information (last school attended)** | | | | | | | | |
| **School Division/School:** (select division) | | | | (enter school name) | | | **School Phone:** (\_\_\_) \_\_\_-\_\_\_\_ | |
| **Foster Care Liaison:** (enter name) | | **Email:** (enter email) | | | | | **Phone:** (\_\_\_) \_\_\_-\_\_\_\_ | |
| **Parent Information** | | | | | | | | | |
| **Are parental rights terminated (TPR)?**  **YES**  **NO** (If yes, move to next section) | | | | | | | | | |
| **Mother’s Name:** (enter full name) | | | | | | | **Email:** (enter email) | | |
| **Address:** (street, city, state, zip) | | | | | | | **Phone:** (\_\_\_) \_\_\_-\_\_\_\_ | | |
| **Father’s Name:** (enter full name) | | | | | | | **Email:** (enter email) | | |
| **Address:** (street, city, state, zip) | | | | | | | **Phone:** (\_\_\_) \_\_\_-\_\_\_\_ | | |
| The local department of social services (LDSS) shall coordinate with the school division representative to ensure that the child in foster care is immediately and appropriately enrolled with all educational records provided to the new school ([Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)](http://www.fosteringconnections.org/tools/assets/files/Public_Law_110-351.pdf); [Social Security Act, Title IV, § 475 (1) (G) [42 USC 675]](http://www.ssa.gov/OP_Home/ssact/title04/0475.htm)); Every Student Succeeds Act of 2015 (P.L. 114-95). The sending and receiving school divisions shall expedite the transfer of the student’s record (§ [22.1-289](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-289) of the Code of Virginia).  This document provides all information required for the LDSS to notify the school principal and school division superintendent and for the school to immediately enroll the child in compliance with §§ [63.2-900.D](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+63.2-900) and [22.1-3.4](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-3.4) of the Code of Virginia. The three asterisked (\*\*) areas meet these minimal requirements of enrollment. All other information helps to ensure a smooth transition for the child and school.  **“Immediate”** means no later than the beginning of the next school day after the presentation for enrollment. **Presentment”** means the person enrolling the child has appeared at the school and presented all required information and certifications. **“Enrollment”** means the child is attending classes and participating fully in school activities. If, despite all reasonable efforts, school officials are unable to enroll the child by the beginning of the next school day following presentment for enrollment, the student shall be enrolled no later than the second school day following presentment.  **If enrollment is delayed until the second school day after presentment, school officials shall document reasons for the delay and attach these reasons to this form.** | | | | | | | | | |
| **(Please complete page 2)** | | | | | **(Print on yellow paper for easy identification)** | | | | |
| **\*\*Enrollment Certifications** | | | | | | | | |
| I am a representative of the agency to whom the court has committed or the parent has entrusted the child’s care through a voluntary entrustment or noncustodial agreement of the above-named child. This child meets the definition of a child placed in foster care in § [22.1-3.4](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-3.4) of the Code of Virginia; therefore, I am certifying that the child is eligible for *immediate* enrollment.  To the best of my knowledge, (first, middle, last)  **has**  **has not** been expelled from school attendance at a private or public school division of the Commonwealth of Virginia, or in any other state, for an offense in violation of the school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.  To the best of my knowledge, (first, middle, last)  **has**  **has not** been found guilty of or adjudicated delinquent of any offense listed in § [16.1-260.G](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+16.1-260) of the Code of Virginia or any substantially similar offense under the laws of any other state, the District of Columbia, or the United States or its territories.  To the best of my knowledge, (first, middle, last) is in good health and is free from communicable or contagious disease. If documentation of a physical exam, birth certificate, social security number, and/or immunization record is unavailable at the time of enrollment, they must be provided to the school within 30 days of enrollment.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***LDSS Case Worker Signature Date*** | | | | | | | | |
| **­­­­Release of Information** | | | | | | | | |
| I, ( LDSS Case Worker) , as legal custodian/guardian of (first, middle, last) , hereby authorize schools, their agents and employees in possession of this student’s educational records to release such information as necessary for the purposes of his/her educational enrollment at (receiving school) .  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Legal Custodian/Guardian Signature Date*** | | | | | | | | |

**Direct Questions To:**

**VDOE: Office of Student Services:** (804) 225-2071

**VDSS: Division of Family Services:** (804) 726-7944 or (804) 726-7423