DCF Student Enrollment Questions

This must be completed by the DCF Case Worker

Student:		_BFA Student ID #:	***************************************	Student State ID #:	
Date of Birth		_		Gender:	
Is the Student in DCF Custody?	Yes		No	(Please circle one)	
If yes, DCF District Office:					
DCF Case Worker:		,			
Is the Student State Placed?	Yes		No	(Please circle one)	
Where?					
Who is the student currently living w	vith?				
Residency Address:					
Phone #: Ro	ole: Mother	Father	Foster	Guardian	Other
This is the only person	who can	legally enroll	the stuc	<u>lent</u>	
Who is the legal guardian/custodian If state placed it is the Commission	of Agency of I	Human Services (D0	CF/FSDP		
Name:				Phone #	
Address:					***************************************
What town does the student's mothor (Mandatory answer needed, please		R)			
What town does the student's father (Mandatory answer needed, please		R)			
Is the student on an IEP?	maioate ii 11	504	?		
If yes, who is the Educational Surro	 gate?				
Contact information:					
Signature of DCF Case Worker/Legal Parent				-	Date

Bellows Free Academy Union High School District #48

This information is needed to complete State Mandated Reports. Thank you for your assistance.