



# School Notification

Date: \_\_\_\_\_

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

- Newly placed   
  Returned home   
  Changed placement

From: \_\_\_\_\_  
           DHS WORKER'S NAME                      EMAIL                      PHONE                      FAX

\_\_\_\_\_

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 DHS and is temporarily placed at the following location:

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

#### The above named student is in the legal custody of DHS 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:	
ADDRESS	
ANTICIPATED DATE OF MOVE	

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

#### 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 DHS worker named above immediately if contact attempts are made.**

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

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

#### **School transportation to be arranged at new address to maintain education stability** (check what applies)

Preference of the child	Preference of the child's parent/decision maker	FAX to:
Placement of child's siblings	Child's attachment to the school, staff, peers	Andrea Winstead (580) 585 6473
School meets educational needs	History of school transfers and impact on child	EMAIL TO:
Child is an IDEA student	Child's permanency goal and likelihood of reunification	awinstead@lawtonps.org
Child is an EL student	Point of time in school year	