

**Student Enrollment**  
*State Placed & IEP/504 Plan*

Students Name: \_\_\_\_\_

**STEP #1 (DCF INFORMATION)**

Is the student in DCF custody? Yes / No (If no, proceed to Step #2 & #3)

If yes, DCF district office: \_\_\_\_\_ Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the student in the care of another child placing agency? Yes / No

If yes, which agency? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who is the legal guardian/custodian? \_\_\_\_\_ Phone: \_\_\_\_\_

Who is the educational surrogate? \_\_\_\_\_ Phone: \_\_\_\_\_

Where do the student's parents live?

Mother's Name: \_\_\_\_\_ Town: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Town: \_\_\_\_\_

**STEP #2 (IEP/504 PLAN)**

Is the student on an IEP or 504 Plan? Yes / No

Where did the student last attend school, and where was the last educational placement?

Name of Last School attended: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**STEP #3 (AUTHORIZATION)**

Legal Guardian's Name (Printed): \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_