



Foster Care Questionnaire FCQ

Please complete this form to assist the school with the identification and transportation needs of students in Foster Care.

Please fax the completed form to The Office of Health and Social Services at 678.301.7269.

ONE FORM PER STUDENT

Student Information – Please Print

Student Name (<i>List one student per form</i>):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date:	Age:	Grade:
Name of Current/Enrolling School:		Name of Last School Attended (incl. City/State):

DFCS Information – (*Include Foster Care Placement Letter if available*)

Foster Care Date of Entry:	Name & Phone Number of DFCS Case Manager:
What county did this case originate in? <input type="checkbox"/> Gwinnett <input type="checkbox"/> Dekalb <input type="checkbox"/> Fulton <input type="checkbox"/> Cobb <input type="checkbox"/> Other:	

****The answers to the following questions are intended to help determine the services this student may be eligible to receive under the ESSA Foster Care Act Agreement.**

Are there any personal safety issues? Yes No

****If YES, please explain:** _____

Transportation

Are you requesting school of origin transportation? Yes • No • (If YES, complete form B and C):

Name of Foster Parent:	Foster Parent Phone Number:

Current Placement Address

Street Address

City

Zip

*****By signing below, I understand that the student listed on this form has been identified as a foster student. *****

(Print) Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian