

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SCHOOL DISTRICT NOTIFICATION OF FOSTER CHILD
PLACED IN A FOSTER FAMILY, AGENCY BOARDING, OR GROUP HOME**

TO: <p style="text-align: center;">(School District Child is Attending)</p>	DATE OF BIRTH OR APPARENT AGE:	DATE CHILD ENTERED FOSTER CARE:
	ADDRESS OF CHILD WHEN CHILD ENTERED FOSTER CARE:	
FROM: <p style="text-align: center;">(County Department of Social Services)</p>	NAME OF SCHOOL DISTRICT CHILD RESIDED IN WHEN CHILD ENTERED FOSTER CARE (DISTRICT OF ORIGIN):	
Pursuant to Section 445.1 of the Social Services Regulations, I am notifying you of the foster care placement of the below named child. For additional information regarding this notification, please contact:		
CONTACT PERSON:	TELEPHONE NO:	ADDRESS OF SCHOOL DISTRICT OF ORIGIN:
NAME OF SCHOOL DISTRICT LAST ATTENDED (if different from above):		
ADDRESS OF SCHOOL DISTRICT LAST ATTENDED:	NAME OF SOCIAL SERVICES COMMISSIONER CHARGED WITH CARE OF CHILD:	
CHILD'S FULL NAME:		
ADDRESS OF SOCIAL SERVICES COMMISSIONER:		
FOSTER FATHER'S NAME:	NAME OF AUTHORIZED AGENCY ACTING FOR COMMISSIONER:	
FOSTER MOTHER'S NAME:	ADDRESS OF AUTHORIZED AGENCY:	
ADDRESS OF FOSTER PARENT(S) OR NAME AND ADDRESS OF AGENCY BOARDING, OR GROUP HOME:		
SIGNATURE OF COMPLETING OFFICIAL:		

Prepare within 10 days of foster child's admission to school.

1 Copy – To agency; **1 Copy** – School District Child now attending.
1 Copy – To School District Child resided in when child entered Foster Care.