



**FOSTER CARE INFORMATION
ENROLLMENT FORM**

STUDENT INFORMATION

Student's Legal Name: _____ Grade _____ Gender _____
LAST NAME FIRST NAME MIDDLE NAME

Social Security Number: _____ Birth Date: _____ Age: _____

Addresses should be same for student and foster parent(s)

Mailing Address: _____
STREET CITY STATE ZIP

Residence Address: _____ Home Phone: _____
(If different from mailing address) STREET CITY STATE ZIP

Are you Hispanic? Yes No Please choose your race below (you may select more than one):

American Indian or Alaskan Native Asian Black or African American White Native American or Other Pacific Islander

Are you a Bedford City or Bedford County resident? Bedford City Bedford County

Does child receive special education services or have a 504 plan? Yes No

If yes, explain: _____

Does child receive English as a Second Language (ESL) services? Yes No Birth place: _____

Birth country: _____ Student's Primary Language: _____ Language spoken at home: _____

FOSTER PARENT INFORMATION

Foster Parent 1 Legal Name: (circle one) Mr. Mrs. Ms. _____

Employer: _____ Occupation: _____
EMPLOYER CITY STATE

Work Phone: _____ Cell Phone: _____ Pager: _____

Email Address: _____ Language spoken other than English: _____

Foster Parent 2 Legal Name: (circle one) Mr. Mrs. Ms. _____

Employer: _____ Occupation: _____
EMPLOYER CITY STATE

Work Phone: _____ Cell Phone: _____ Pager: _____

Email Address: _____ Language spoken other than English: _____

**FOSTER CARE INFORMATION
ENROLLMENT FORM (CONTINUATION)**

PLACEMENT INFORMATION

Placement Agency: _____ Agency Contact: _____ Agency Phone: _____

Legal Guardian: _____ Guardian Phone: _____

County or City of Social Services: _____ School Division of Legal Residence: _____
LEGAL RESIDENCE: WHERE STUDENT WOULD RESIDE IF HE/SHE WERE NOT IN FOSTER CARE

EMERGENCY INFORMATION

Student's Special Medical Alert: _____
ALLERGIES, ASTHMA, ETC.

Physician: _____ Phone Number: _____

Address: _____