Educational Enrollment Information for School Placement Form

PPS 5254 REV Aug 17 Page 1 of 5

		Part A: Edu	cation Best In	terest Determinati	on Staffing				
Date Sta	affed: Part	icipants in Staffing:							
	Ma	Child Welfare Case nagement Provider VCMP)	☐ Depart Families (I	ment for Children an OCF)	d Local Education Authority (LEA)				
Namas	of Attendo	es (Additional Atten	doos may bo l	istad hara)					
Names	of Attenue	es (Additional Atten	dees may be i	isted here)					
D	n Consider								
☐Lei ☐Lea ☐Saf ☐Pai ☐Dis ☐IEI ☐Wr	ngth of Timarning Beha Tety Factors Ticipation in Tance from Pand 504 P	e Enrolled in School aviors/Disabilities n Extra-Curricular School of Origin lan Services from Case Participa	Activities	☐Child's Attac☐Placement of☐Influence of S	rence, if parental rights are intact chment to the School of Origin				
				t of a Child Placed					
Date:		Responsible State Agency:	Department Families (DC)	nt for Children and F)	☐ Kansas Department for Corrections- Juvenile Services (KDOC-JS)				
As autl	horized by	rigency:	<u> Tummes (B e l</u>	- /	ouverne services (IID e e es)				
Sneci	al Instructio	ns: Education related d	locuments can b	ne transferred electro	nically using the Kansas Department of				
Special Instructions: Education related documents can be transferred electronically using the Kansas Department of Education (KSDE) Student Record Exchange (SRE) securely.									
Section I: Student and Current Placement Information									
		and Current Placen	nent Informat	tion					
Student (First N	Name Middle, Last)								
DOB	riddic, Last)	SSN (last four		Phone	Email				
Placeme	nt Name(s)	digits ONLY)		□ NA	□ NA				
	nt Address: City, State, Zip	Coda							
	nt Telephone	Code		Placement Email					
Number				Address					

Educational Enrollment Information for School Placement Form

PPS 5254 REV Aug 17 Page **2** of **5**

Section II: School in	which	child is beir	ig en	rolled			T	ICD		
Unified School District (USD) Name								JSD Number		
School Name							1	Nullibei		
School Ivallic										
School Address:										
Street, City, State, Zip										
Phone Number					Fax / Email					
Every Student Succeeds				Phone Num	ber					
(ESSA) -School Point of										
Contact Name		Grade								
Enrollment Date	Enrollment Date			Grade						
Check all that apply	l □ R€	egular Educatio	n	Special	Education	Alte	ernative S	chool	Online Learning	
eneem wir maa apprij		guiai Eugeane		эр чч ии						
Section III: Last two	(2) sc	hools attend	ed ai	nd placem	ent. High S	School s	students	will ne	ed to bring	
available transcripts									J	
Instructions: The sch						at the tir	ne of the	initial pla	cement. If the child's	
foster care placement										
				placemer	nt change.					
1. School of Origin 1										
(most recent scho	ol of									
attendance)										
□ NA										
School Address:										
Street, City, State, Zip Phone Number					Ess. / Ess.:1					
Phone Number					Fax / Email					
ESSA -School Point of					Phone Number					
Contact Name						Thone I value				
Dates Attended					L			1		
Check all that apply	Re	egular Educatio	n	Special :	Education	Alte	ernative S	chool	Online Learning	
Previous Placement's					Dates of pla	cement		•		
Name										
Address: Street, City, State, Zip										
Phone Number		Em	ail				Alternat	te / Back		
Those Tvarious						up Cont				
2. Previous School Na	mo									
2. Previous School Na	IIIC									
Cahaal Addraga:										

State of Kansas Department for Children and Families Prevention and Protection Services

Educational Enrollment Information for School Placement Form

PPS 5254 REV Aug 17 Page **3** of **5**

Street, City, State, Zip									
Phone Number					Fax / E1	mail			
					1				
ESSA -School Point of					Phone 1	Number			
Contact Name Dates Attended									
Dates Attended									
Check all that apply	Regular Edu	ıcation	☐ Specia	l Education	Alte	ernative S	School	Online Learning	
Previous Placement's				Dates of pl	lacement				
Name									
Address: Street, City, State, Zip									
Phone Number		Email			Alternate / I			up	
					Contact				
Section IV: Student	Educational I	nformat	tion						
Does the student have an				oly)					
Individual Education	Plan (IEP)	☐ Yes] No	Unknown				
IEP provide individuali	zed special educ	cation and	d related se	rvices to mee	t the uniq	ue needs	s of the c	hild.	
2. 504 Plan		☐ Yes ☐ No] No	Unknown				
504 plans provide service students.	ces and changes	to the lea	arning envi	ronment to n	neet the no	eeds of tl	he child a	s adequately as other	
3. School Behavior Cor	ntract /	Yes	T	No	Unk	nown			
Management Plan	illast /			, 110					
4. Is the student curren	tly suspended?	Yes] No	Dates:			Length:	
5. Is the student curren	tly expelled?	Yes Yes] No	Dates:			Length:	
6. If yes to questions 4	and 5 nlease exr	olain helov	w (fighting	truancy drug	 s / alcohol	etc.)			
6. If yes to questions 4 and 5, please explain below (fighting, truancy, drugs / alcohol, etc.)									
7. Describe in detail below any special staffing needs or safety precautions.									
8. Brief description of reasons for out of home care as relevant to the learning process.									
The Property of the Property o					01				
9. List current medicati	ons below.								
10. Physical or mental h	ealth conditions	as relevar	nt to the lear	ning process.					
11 Other information re	alayant to the lea	rning proc	page of this s	tudent					
1 11. Outer information re	11. Other information relevant to the learning process of this student.								

State of Kansas Department for Children and Families Prevention and Protection Services

Educational Enrollment Information for School Placement Form

PPS 5254 REV Aug 17 Page **4** of **5**

Section V: Parent	/ Logal C	uardian	Informa	tion /]	Educational A	dvocata		
section v. Farent	/ Legal G	uaruiaii	ппогша	.011 / 1	Euucational A	uvocate		
Mother's Name								
Address: Street, City, State, Zip								
Phone Number			Email			Alternate / Contact	Back up	
Restricted Contact	Yes	☐ No	Parental	Rights	Terminated or Re		Yes	☐ No
Provide additional det	ails as releva	ant to the	learning pr	rocess				
Father's Name								
Phone Number			Email			Alternate	Back up	
						Contact		
	Yes	□No	Parental	Rights	Terminated or Re		Yes	□ No
Restricted Contact					Terminated or Re		Yes	□ No
					Terminated or Re		Yes	□ No
Restricted Contact					Terminated or Re		Yes	□ No
Restricted Contact Provide additional det Educational Advocate Name Address: Street,					Terminated or Re		Yes	
Restricted Contact Provide additional det Educational Advocate Name					Terminated or Re			
Restricted Contact Provide additional det Educational Advocate Name Address: Street, City, State, Zip			l learning pr		Terminated or Re	linquished Alternate		
Restricted Contact Provide additional det Educational Advocate Name Address: Street, City, State, Zip			l learning pr		Terminated or Re	linquished Alternate		
Restricted Contact Provide additional det Educational Advocate Name Address: Street, City, State, Zip	ails as releva	ant to the	learning pr	ocess	Terminated or Re	linquished Alternate		
Restricted Contact Provide additional det Educational Advocate Name Address: Street, City, State, Zip Phone Number Section VI: Agence First Contact- Case	ails as releva	ant to the	learning pr	ocess	Terminated or Re	linquished Alternate		
Restricted Contact Provide additional det Educational Advocate Name Address: Street, City, State, Zip Phone Number Section VI: Agence First Contact- Case Manager Name	ails as releva	ant to the	learning pr	ocess	Terminated or Re	linquished Alternate		
Restricted Contact Provide additional det Educational Advocate Name Address: Street, City, State, Zip Phone Number Section VI: Agence First Contact- Case Manager Name Address: Street, City,	ails as releva	ant to the	learning pr	ocess	Terminated or Re	linquished Alternate		
Restricted Contact Provide additional det Educational Advocate Name Address: Street, City, State, Zip Phone Number	ails as releva	ant to the	learning pr	n	Terminated or Re	Alternate / Contact		

State of Kansas Department for Children and Families Prevention and Protection Services

Educational Enrollment Information for School Placement Form

Name		
Cell Phone Number	Office Phone Number	
Email	Fax Number	
Third Contact- DCF Foster Care Liaison		
Address: Street, City, State, Zip		
Cell Phone Number	Office Phone Number	
Email	Fax Number	
	1	
Fourth Contact- DCF Foster Care Administrator		
Address: Street, City, State, Zip		
Cell Phone Number	Office Phone Number	
Email	Fax Number	
	1	

