**NotiCE TO REceiving School District of NEW Student IN Out-of-Home Placement**

**CONFIDENTIAL:** This document is part of the student’s educational record and must be kept confidential according to the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99) and any other applicable state or federal privacy laws.

Date

School District Point of Contact Name, Select Title

School District

VIA Email: Email address where letter is sent. Use secure email, not postal service, due to time sensitive nature.

Dear Name,

This letter is to notify you that Student’s Name, DOB Date of Birth, was placed or will be placed in out-of-home care by County Name Department of Human/Social Services (“Human Services”) on Date. The student is currently in Grade grade in Name of School in Name of School District of origin. In a process pursuant to 12 CCR 7.301.241, it has been determined to be in the student’s best interest to transfer to a new school in your district, Name of Receiving School District (“Schoo District”) effective Date decided in best interest process.

This letter is intended to provide notification of the student’s out-of-home status and to make requests to ensure educational stability for the student. Please use this information to meet the student’s educational needs, and share with only those who have a need to know.

**Important Contact Information**

The student’s new placement is:

**Caregiver(s) in placement:**       **Group Home/Facility name if applicable:**

**Address:**       **Phone:**       **Email:**

**Notes:** Notes re placement: e.g., kinship, placed with siblings in same school

**Parent 1:**

**Phone:**       **Email:**

**Notes:** Notes re: parent 1, e.g., decision-making, permissions

**Parent 2:**

**Phone:**       **Email:**

**Notes:** Notes re: parent 2, e.g., decision-making, permissions

**Educational decision-maker/surrogate parent, if other than the parent(s):**

**Phone:**       **Email:**

**Department of Human/Social Services Caseworker:**

**Phone:**       **Email:**

To ensure a seamless transition for the student, Human Services requests that:

[ ] The new school, School, immediately enroll the student, effective Date decided in best interest process, even without normally required records. Every Student Succeeds Act (ESSA), 20 U.S.C. § 6311(g)(1)(E)(ii).

[ ]  The student’s educational records be immediately requested from the school of origin. ESSA, 20 U.S.C. § 6311(g)(1)(E)(iii).

[x] The student be enrolled in School District’s free lunch program. 42 U.S. § 1758(b)(5) (categorical eligibility for free lunch).

[x] The school and School District waive all school fees the student may incur, including but not limited to any general fees, fees for books, fees for lab work, fees for participation in in-school or extracurricular activities, and fees for before-school or after-school programs. § 22-32-138(7), C.R.S.

[ ]  The student is currently receiving special education services and will need to continue special education services in the new school. A copy of the student’s current IEP is Choose an item.

[ ] Other requests or information

Thank you for your assistance in supporting Student’s name during this time of transition. Please contact me if you have any questions. I welcome the opportunity to discuss how we can work together to help Student’s name be successful in school.

Sincerely,

Name, Title

Contact information