**NotiCE To school DISTRICT OF ORIGIN of 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 (“School District”). 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 only with 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:**

As a result of the student’s out-of-home placement, Human Services requests the following:

[ ]  The student will need transportation to the school of origin, Name of School, pursuant to the Intergovernmental Agreement between Human Services and School District. Please contact Contact Name as soon as possible to develop a transportation plan to remain in effect unless and until it is determined not to be in student’s best interest to remain in the school of origin.

[ ]  It is presumed to be in a student’s best interest to remain in the same school unless determined otherwise. In this case, Human Services is not considering a school move for the student, and Human Services requests the school and School District support the student during this time of transition.

[ ]  It is presumed to be in a student’s best interest to remain in the same school unless determined otherwise. In this case, the Human Services is considering whether it is in the student’s best interest to remain in the current school or to transfer to another school. Pursuant to 12 CCR 7.301.241, the Human Services invites participation from a representative of the school who knows the student and can contribute meaningfully to the discussion. Please identify this person and notify him/her of this meeting.

*(Select one)*

[ ] The meeting is scheduled for Date at Time at Location and address.

[ ]  The meeting is currently being scheduled. Please contact email address of person scheduling as soon as possible for more information.

[x] The student be enrolled in the 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.

[ ] Other requests

Thank you for your assistance in supporting Student’s name during this 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

**PART II: FOLLOW-UP NOTICE OF BEST INTEREST DETERMINATION**

Date

A best interest determination for the above student was held on Date. It was determined that:

[ ]  It is in the student’s best interest to remain in the school of origin, and no transportation plan is needed.

[ ]  It is in the student’s best interest to remain in the school of origin, and the student will need transportation to the school of origin pursuant to the Intergovernmental Agreement between Human Services and School District.

*(Select one)*

[ ]  Please contact Contact Name as soon as possible to develop the ongoing transportation plan.

[ ]  The transportation plan has already been jointly developed by Human Services and School District, and it is attached.

[ ]  It is in the student’s best interest to change schools. The student will begin attending Name of School in Name of School District on Date**.**

[ ] Other requests or information