

Savage School District 7&2
Determination of School Placement for a Student in Foster Care
Placement Request and Recommendation

Student Name: _____ Date of Birth: _____
(mm/dd/yyyy)

Guardian or Education Decision Maker: _____

Address or Location: _____

Phone: _____ Email: _____

The district will keep a student at the school of origin whenever possible unless it is against the wishes of the student, guardian, or education decision maker. Also, a student might not be placed in the school of origin if the school district and child welfare agency determine that it is not what is best for the student. The student may attend any of the schools listed below.

1. School of origin: _____
2. Last school attended: _____
3. School zone where child lives: _____
4. Other school child may attend: _____

To be completed by school or district staff:

The school district and child welfare agency recommends that the student be placed in: _____ school.

If you do not agree with this placement, you have the right to appeal (ask to change) this decision. Appeals are made to the district contact or child welfare agency contact named on the first page. You will be given more information and help to appeal. The student will be immediately enrolled in the school requested by the student, guardian, or education decision maker while the appeal is being considered.

We look forward to having you attend our schools. We want guardians of students in foster care to become actively involved in their foster child's education and in our schools.

Welcome!