

(PRINT ON LOCAL OFFICE LETTERHEAD)

DATE

School Principal
School Name
School Address

Dear Mr. /Ms. (Principal's Name) :

As of this date, (Date) , (Child's Name) , is enrolled in your school. This child is in the custody of the Department of Children and Family Services (DCFS). The child entered DCFS custody effective (Date) . You will be advised when DCFS custody ends.

DCFS is providing information necessary to support the child's placement in your school and to support achievement of the child's academic goals. DCFS is bound by Louisiana R.S. 46:56, Confidentiality Statutes and the Uninterrupted Scholars Act amendments to the 2013 Family Educational Rights and Privacy Act (FERPA). DCFS is able to share with and receive from the school all information related to meeting this child's academic goals, while the child is in DCFS custody.

This letter will serve as notification of this child's eligibility for free school meals through the federal, [Healthy, Hunger-Free Kids Act of 2010](#), which allows that each foster child has categorical eligibility for free school meals.

This letter will also serve as notice physical discipline may not be used with children in foster care.

The DCFS case manager for the child is available to support the child's needs and to encourage continued participation by the child in current extracurricular activities. DCFS continues to support parental involvement in the child's academic progression. Parents may typically be invited to IEPs, parent/teacher conferences, school plays, etc., as well as the DCFS case manager and foster caretaker. If there is a limit to be placed on family contacts and information sharing, you will be notified in writing with an update of the chart included herein.

 (Child's Name) was previously enrolled in (School's Name, Address, and Telephone Number) in the (grade placement) . (Child's Name) had the following assessments/plans (Individualized Education Plan (IEP), 504 Evaluation, Special Education Evaluations, etc.) in place at their previous school to address their academic needs.

| CHILD INFORMATION | | | | | |
|-----------------------|-------------------------------------|---------------------------|------------------------------|----------------------------|--------------------------------------|
| TYPE | CONTACT/NAME | PHONE NUMBER(S) | ADDRESS | COMMENTS | |
| FOSTER CARE PLACEMENT | | | | | |
| DCFS CASE MANAGER | | | | | |
| DCFS SUPERVISOR | | | | | |
| FORMER SCHOOL | | | | | |
| ALLOWABLE CONTACTS | | | | | |
| NAME | RECEIVE SCHOOL RECORDS YES OR NO | VISIT SCHOOL YES OR NO | ATTEND MEETINGS YES OR NO | ATTEND EVENTS YES OR NO | DISMISSAL/ CHECK OUT YES OR NO |
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Sincerely,

FC Case Manager/Designee

Attachments:
(List any attached documents, if applicable.)