



**FOSTER CARE
STUDENT SERVICES QUESTIONNAIRE
FORT BEND INDEPENDENT SCHOOL DISTRICT
SUGAR LAND, TEXAS**

Dear Foster Parent:

The **Fostering Connections to Success and Increasing Adoptions Act of 2008** encourages coordination between education and child welfare. It was enacted to ensure that foster care children and youths have access to the same public educational opportunities that non-foster care students enjoy. In order to better serve the needs of our students and their families, Fort Bend I.S.D. is attempting to identify foster care children and youths within its boundaries. By answering the questions below, we will be able to provide the appropriate services to those families in need of assistance:

Foster Parent's Name _____

Address _____ City _____ State _____ Zip _____

Daytime Phone # _____ Cell # _____ Alternative # _____

This form is to be completed with the assistance of a School Counselor or Social Worker. PEIMs entry date is to be entered immediately by the registrar or data entry clerk after the foster care status has been confirmed.

CONFIDENTIAL INFORMATION

Please provide the following information for school age siblings (brothers and / or sisters) of the student who are also applying for foster care status:

Child's Name (1) _____ DOB _____ Age _____

School _____ Grade _____ Student I.D.# _____

Please CHECK one: Reg Ed Sp Ed 504

Child's Name (2) _____ DOB _____ Age _____

School _____ Grade _____ Student I.D.# _____

Please CHECK one: Reg Ed Sp Ed 504

Child's Name (3) _____ DOB _____ Age _____

School _____ Grade _____ Student I.D.# _____

Please CHECK one: Reg Ed Sp Ed 504



Child's Name (4) _____ DOB _____ Age _____

School _____ Grade _____ Student I.D.# _____

Please CHECK one: Reg Ed Sp Ed 504

Child's Name (5) _____ DOB _____ Age _____

School _____ Grade _____ Student I.D.# _____

Please CHECK one: Reg Ed Sp Ed 504

***If additional children need to be added, then please attach a sheet of paper with the appropriate information.**

Social Work Service Referrals

SCHOOL REFERRALS

- Shared Dreams (clothing, toiletries)
- School supplies
- School uniforms (for uniform campuses ONLY)
- Short term counseling
- Currently receiving service
- Reduced or Free Lunch (notify Foster Care Liaison/send copy of this questionnaire)
Note: If the child has been verified as foster care, then he/she qualifies for child nutrition.
- Transportation (notify Foster Care Liaison/send copy of this questionnaire)

COMMUNITY SERVICES

- Counseling
- Clothing
- Housing assistance & information
- Immunizations
- Food pantries
- Daycare
- Homeless shelter
- Currently receiving services

Please fax a copy to Jennifer Sowell at 281-634-1715.

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Bus Transportation Request Form
FORT BEND INDEPENDENT SCHOOL DISTRICT
FOSTER CARE TRANSPORTATION REQUEST FORM

Please complete the information below. We ask that you verify that he/she is a foster care student first and whether or not he/she is within the walk zone before making this submission. This form should be completed by the Registrar/ADA Clerk/Counselor. Provide a copy of this document to the parent or unaccompanied youth, campus counselor, and submit the request for transportation for the student(s) to the Fort Bend ISD Homeless Liaison by faxing it to Jennifer Sowell at 281-634-1715 or email at: Jennifer.sowells@fortbendisd.com in State & Fed. Prog.

STUDENT'S NAME _____ GRADE _____

PARENT'S/GUARDIAN'S NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE # _____ ALTERNATE PHONE # _____

CAMPUS _____ STUDENT ID# _____

Name	Grade	Campus	ID#
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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**If additional space is needed, then please attach a sheet of paper with the appropriate information.*

REMINDER!

Note to Parents: It may take time to establish a transportation route, but once the form is received it will be processed and forwarded to the appropriate transportation supervisor. You will be contacted by a supervisor regarding pickup and drop-off times. **Service will be terminated after the second occurrence of the failure to contact transportation about an inability to make an arranged pickup.** Your cooperation in this matter is deeply appreciated!

Parent / Guardian Signature

Date

FORT BEND ISD CONTACT NUMBERS

Lake Olympia Transportation Dept. (281) 634-1930 and Hodges Bend Transportation Dept. (281) 634-1970
Fort Bend ISD Homeless/ Foster Care Liaison (281) 634-1134

If a student resides within the home campus attendance boundary, then regular busing rules apply.