

**MT Office of Public Instruction**  
**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.
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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!

**MT Office of Public Instruction**  
**School District Placement Decision**

<b>English</b>
<small>Determination of School Placement for a Student in Foster Care Placement Request and Recommendation</small>

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

Guardian or Education Decision Maker: \_\_\_\_\_

Address or Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Placement Requested: \_\_\_\_\_

District and child welfare agency recommended placement: \_\_\_\_\_

The school district and child welfare agency feel that it is in the student's best interests to attend the school listed above. This decision was made because we believe it is what is best for the child. Here are the reasons for that decision:

You have the right to appeal (ask to change) the placement decision. During an appeal, a student must be immediately enrolled in the school chosen by the student, guardian, or education decision maker while the appeal is being considered.

- I want to appeal the school district's placement decision
- I do not want to appeal the school district's placement decision

Guardian or Education Decision Maker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Please contact one or both of the following people to begin the appeal process:

District Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child Welfare Agency contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_