(mm/dd/yyyy)

Meeting to Determine School Placement of a Student in Foster Care: **Invitation to Participate**

Date: _____

Dear Guardian or Education Decision Maker:

You are invited to a meeting about your foster child's placement in school. Students in foster care have the right to stay in their school of origin if it is determined that this is best for the student. Students in foster care must be immediately enrolled in a new school if placement in the school of origin is not what is best for the student. Please join us at a meeting to discuss the school placement of your student in foster care.

Meeting Date:_____ (mm/dd/yyyy)

Time: _____

Meeting Location:

Please check one item below to tell us if you are able to attend this meeting:

□ Yes, I will be able to attend this meeting

□ No, I am unable to attend this meeting. Please reschedule a meeting on another date.

I am available on: ______ (date and time)

We look forward to working with you to provide a successful education for your foster child.

Sincerely,

Name

Phone

Email Address

Thank you for making sure your child succeeds in school.

Please indicate if you need the following assistance while attending the meeting:

- Oral Interpretation: Language: _____
- □ Interpreter: Sign language • Other: _____

Please return this form to:_____

Phone: _____

Email:

Title