



COUNTY OF HUMBOLDT

Department of Health & Human Services

Phillip R. Crandall, Director

SOCIAL SERVICES BRANCH

929 Koster Street Eureka, CA 95501

707.476.4700 Fax: 707.441.2096

Kathy Young, Director

Withdrawal and Transfer Notification for Student in Foster Care

Date:

To: FORMER School Placement

Registrar, Attendance Personnel,
or Designee:

Name of FORMER School and School

District:

Address:

Phone:

Fax:

From: Humboldt County Health and Human Services, Child Welfare Services Division

To: NEW School Placement

Registrar, Attendance Personnel,
or Designee:

Name of NEW School and School

District:

Address:

Phone:

Fax:

This Notice is to inform you that **Name of Student (DOB)**, a dependent child of the Court will no longer be attending **Name of Former School** as of **DATE**.

This student began residing in a Confidential Foster Home located within the _____ School District boundaries on _____. **Name of Student** will now be attending **Name of New School**.

Within 48 Hours of Notice (per EC 48853) the following must be completed:

- **INSTRUCTIONS:** This form should be completed by the date of student withdrawal. When complete, fax form and attachments to (1) NEW SCHOOL registrar/attendance personnel/designee AND (2) Child Welfare Services. Forward official records to the new school upon request.

When Complete, FAX a copy of records A-G, where applicable.

A. Immunization Records

B. Unofficial Transcript or Report Card

C. Individualized Education Plan (IEP)

D. 504 Accommodation Plan

E. Psycho-educational Assessment Report

F. Withdrawal Grades

G. Attendance Record

Action Needed:

1. Transfer the student's educational records to the new school within two (2) business days. The record **MUST** include a determination of seat time, full or partial credits earned, classes, grades, immunizations, and, if applicable, special education (IEP) or 504 Plan. The student's grades **MUST** be calculated as of the date he/she left school. These records cannot be withheld if the student owes fees, books, and/or materials to the schools. (**California Education Codes 48645.5 & 49069.5**)
2. Complete and fax the Withdrawal Form for Foster Youth (or comparable form) and IEP/504 Plan, if applicable, to:
 - a) New school placement – **AND-**
 - b) Child Welfare Services Fax: (707) 445-6254

Thank you,
Social Worker:

Phone: