



ANNUAL NOTIFICATION OF CONTINUATION OF PLACEMENT IN SCHOOL CORPORATION

State Form 49812 (R4 / 5-23)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: Retain the original completed form at the local Department of Child Services (DCS) Office and distribute a copy of the completed form to the School Corporation of Legal Settlement AND the School Corporation the child will attend.

The information contained in this record is **CONFIDENTIAL** per IC 31-33-18.

Name of child	Date of birth (month, day, year)
Name of school corporation child is currently attending	
Address of school corporation child is currently attending (number and street, city, state, and ZIP code)	
Name of parent / legal guardian	
Current address of parent / legal guardian (number and street, city, state, and ZIP code)	
Name of school corporation of legal settlement	
Address of school corporation of legal settlement (number and street, city, state, and ZIP code)	
Name of current resource parent / facility	
Address of current resource parent / facility (number and street, city, state, and ZIP code)	
At this time, this office anticipates that the placement of the above-named child <input type="checkbox"/> will <input type="checkbox"/> will not continue in the same home or facility for the _____ school year.	
Name of Family Case Manager	Telephone number (include area code) ()
Email address of Family Case Manager	
Signature of Education Consultant	Date (month, day, year)
Printed Name of Education Consultant	Telephone number (include area code) ()