|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | DOB: |  |
|  |  |  |  |

|  |  |
| --- | --- |
| 1. **RESIDENCE:**
 |  |
| Address of student’s new residence: |  |
|  | (street & town) |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | 1. | Foster home |  |
| [ ]  | 2. | Relative’s residence |  |
| [ ]  | 3. | With parent |  |
| [ ]  | 4. | Residential facility |  |
| [ ]  | 5. | Group home |  |
| [ ]  | 6. | Hospital |  |
| [ ]  | 7. | Temporary shelter |  |
| [ ]  | 8. | Safe home |  |
| [ ]  | 9. | Detention center |  |
| [ ]  | 10. | CT Juvenile Training School |  |
| [ ]  | 11. | Correction facility |  |
| [ ]  | 12. | Supported living |  |
| [ ]  | 13. | Other personal residence |  |
| [ ]  | 14. | AWOL |  |
| [ ]  | 15. | Other: |  |

|  |  |
| --- | --- |
| 1. **EDUCATIONAL SITE:**
 |  |
| Name of new school: |  |
| Address of new school: |  |
|  | (street & town) |

|  |  |
| --- | --- |
| 1. **CASE WORKER:**
 |  |
| Office: |  | Phone #: | (\_\_\_\_\_) |  |
|  | (town) |  |  |  |

**D. 504 STATUS:**

[ ]  Determined by PPT to no longer require special education; however, student requires or may require services under Section 504. You must attach a copy of 504 scheduling notice.

|  |  |  |  |
| --- | --- | --- | --- |
| Completed by: |  | Date: |  |