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

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

|  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 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: |  | | | | | | | | |

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

|  |  |  |  |  |  |
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| 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.

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| Completed by: |  | Date: |  |