



NORTHEAST BRADFORD SCHOOL DISTRICT

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NORTHEAST BRADFORD ELEMENTARY SCHOOL

NORTHEAST BRADFORD JR-SR HIGH SCHOOL

ENROLLMENT OF FOSTER CHILDREN

AGENCY FORM

Date:
Name of Agency:
Address:
Phone: Fax Number:
Contact Person or Caseworker:
Signature of Foster Parent(s)/Guardians:

Your agency has placed the following student in our school district. Please fill out all the information requested or make any necessary corrections at the bottom of this sheet and return it to us as soon as possible.

Student Name:
Grade Level:
Date of placement in the Northeast Bradford School District:
Date of exit (if applicable):
Name of foster parent(s) with whom the student resides:
Address of foster parent(s):
Telephone of foster parent(s):
Name of biological parent(s):
Address(es) of biological parent(s):
School district of biological parent(s):

Signature of Agency Representative: _____

Date: _____