

STUDENTS IN OUT-OF-HOME CARE

(Dept of Communities)

Name of Student: \_\_\_\_\_

Child Safety Number: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Order: \_\_\_\_\_

Order Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Order End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authority to Care document provided:       Yes       No

CSO Name: \_\_\_\_\_

Office: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Living Arrangement: Please tick and provide main contact name.

Foster: \_\_\_\_\_

Residential Care: \_\_\_\_\_

Kinship Care: \_\_\_\_\_

**Office Use Only:**

Eligible for ESP:       Yes       No

ESP completed at previous school:       Yes       No

Copy of ESP: Available on Oneschool       Yes       No

Current Support Provisions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*We Believe. We Strive. We Achieve.*