

Pryor Public School District 2&3

Determination of School Placement for a Student in Foster Care Placement Request and Recommendation

Student Name:	Date of Birth:(mm/dd/yyyy)
	(mm/dd/yyyy)
Address or Location:	
Phone:	Email:
student, guardian, or education decision maker. Also,	whenever possible unless it is against the wishes of the a student might not be placed in the school of origin if the at it is not what is best for the student. The student may
1. School of origin:	
2. Last school attended:	
3. School zone where child lives:	
4. Other school child may attend:	
To be completed by school or district staff:	
The school district and child welfare agency recommends school.	nends that the student be placed in:
	

If you do not agree with this placement, you have the right to appeal (ask to change) this decision. Appeals are made to the district contact or child welfare agency contact named on the first page. You will be given more information and help to appeal. The student will be immediately enrolled in the school requested by the student, guardian, or education decision maker while the appeal is being considered.

We look forward to having you attend our schools. We want guardians of students in foster care to become actively involved in their foster child's education and in our schools.

Welcome!



Pryor Public School District 2&3 School District Placement Decision

Student Name:	Date of Birth:(mm/dd/yyyy)
Guardian or Education Decision Maker:	(mm/dd/yyyy)
Address or Location:	
	Email:
Placement Requested:	
District and child welfare agency recommende	d placement:
	el that it is in the student's best interests to attend the school we believe it is what is best for the child. Here are the reasons for
	e placement decision. During an appeal, a student must be he student, guardian, or education decision maker while the
☐ I want to appeal the school district's pla	acement decision
☐ I do not want to appeal the school distri	
Guardian or Education Decision Maker Signat	ure:Date:
	(mm/dd/yyyy)
Please contact one or both of the following peo	pple to begin the appeal process:
District Contact: Courtney Lauckner	
District Contact: 406-259-7329	Email: courtneywilske@pryorstaff.org
Child Welfare Agency contact:	
Phone:	Email: