

# REQUEST FOR CLARIFICATION OF SCHOOL DISTRICT ASSIGNMENT 603 CMR 28.10

Type or print clearly.

Name and Title of Applicant:	
Agency Name and Address	
Telephone #:	
E-mail Address:	

## STUDENT RESIDENCE INFORMATION

Complete and accurate information must be provided.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F

Current Type of Residence:     Residential School                       Group Home                       Foster Home  
     Relative's Home                       Other: \_\_\_\_\_

Name of Current Residence OR Full Name of Foster Parents/Relatives: \_\_\_\_\_

Address: \_\_\_\_\_

Date Placed in Residence: \_\_\_\_\_ List All Funding Agencies: \_\_\_\_\_

List all of the student's residences for the last three (3) years: <i>Please do not repeat current residence information.</i>			
Residence:	Complete Address:	Start: (MM/YY)	End: (MM/YY)

## STUDENT EDUCATIONAL INFORMATION

Current Educational Placement: \_\_\_\_\_  Day  Residential

Placement Address: \_\_\_\_\_

Date Placement Began: \_\_\_\_\_ List All Funding Agencies: \_\_\_\_\_

List all of the student's educational placements for the last three (3) years: *Do not repeat current placement information.*

School Name:	Complete Address:	Start: (MM/YY)	To: (MM/YY)

## INFORMATION RELATED TO MOTHER

Mother's Name: \_\_\_\_\_  Biological  Adoptive

If deceased, date of death, address at time of death: \_\_\_\_\_

If rights surrendered or terminated date and address at time: \_\_\_\_\_

List all of the mother's residences for the last five (5) years starting with the most current residence: **Complete address is required. Explain any gaps in residential history**

Complete Address	From: (MM/YY)	To: (MM/YY)

## INFORMATION RELATED TO FATHER

Father's Name: \_\_\_\_\_  Biological  Adoptive

If deceased, date of death: \_\_\_\_\_

Address at time of death: \_\_\_\_\_

If rights surrendered or terminated date and complete address at time: \_\_\_\_\_

List all of the father's residences for the last five (5) years starting with the most current residence. Complete address is required. Explain any gaps in residential history.

Complete Address:	From: (MM/YY)	To: (MM/YY)

## INFORMATION REGARDING GUARDIANSHIP

Has the court appointed a legal guardian?

Yes  No

Guardian Name and Address:

Date of Guardianship Certificate:

Guardianship Awarded

Permanent  Temporary

Is Guardianship Still in Effect

Yes  No

Date Guardianship Ended

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## REQUIRED DOCUMENTS

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Complete the checklist to insure that you are sending all required documentation.

LEA ASSIGNMENT CHECKLIST	Attached
<b>Student's IEP Including the Placement Form (PL1)</b>	<input type="checkbox"/>
<b>Parental Custody Agreement (if applicable)</b>	<input type="checkbox"/>
<b>DSS and/or DYS Custody Order</b>	<input type="checkbox"/>
<b>Legal Guardianship Certificate (if applicable).</b>	<input type="checkbox"/>
<b>210 Decree (if applicable)</b>	<input type="checkbox"/>
<b>Voluntary Surrender(s) (if applicable)</b>	<input type="checkbox"/>

Please add any additional information that might assist in making this LEA Assignment.

**Mail completed requests to:**

LEA ASSIGNMENTS  
Office of Special Education Planning and Policy  
Massachusetts Department of Elementary and Secondary Education  
75 Pleasant Street  
Malden, MA 02148-5023