



BROKEN ARROW PUBLIC SCHOOLS
FOSTER CARE INFORMATION FORM



The district foster care liaison will complete the Foster Care Information Form and send to transportation, along with the Best Interest Determination Evaluation from the DHS representative.

Student Name: _____ DOB: _____

BA School Site: _____ Grade: _____

Foster Parent: _____ Phone #: _____

Address: _____

Sending School District: _____

DHS Rep: _____

Student Medical Needs: _____

Liaison Signature: _____ Date: _____

Best Interest Determination Evaluation attached: Yes No

Date Completed: _____

Transportation Signature: _____

Upon completion, BA transportation department will return a signed copy of this form to the district foster care liaison.