



Ceres Unified School District

Committed to Excellence, Responsive to Every Student

Student Support Services

2491 Lawrence St • (209) 556-1559 • FAX (209) 537-6206

Foster Youth Information Form

Student Full legal Name: _____

Other names known by (If applicable): _____

Date of Birth: ____/____/____ Grade: _____ Male Female

Foster Youth Placement: Foster Home Group Home

Foster Mother Name: _____ Phone: _____

Foster Father Name: _____ Phone: _____

Physical Home Address: _____ City: _____ Zip Code: _____

Mailing Home Address: _____ City: _____ Zip Code: _____

Home Phone Number: () _____ Cell Phone: () _____

Educational rights holder Name: _____ Phone: _____

Social Worker Name: _____ Phone: _____

Attorney Name: _____ Phone: _____

CASA Worker Name: _____ Phone: _____
(Court Appointed Special Advocate)

In case of Emergency, the school is authorized to call:

Dr. _____ Address: _____ Phone: _____

Please forward completed verification form to Foster Youth Services Liaison,
Fabiola Ureña at furena@ceres.k12.ca.us or 209-556-1559