

Students

Exhibit – Department of Children and Family Services Student Removal Authorization

This form is to be used when the Illinois Department of Children and Family Services removes a student from a school.

DATE: _____

SCHOOL: _____

I _____, an employee of the Illinois Department of Children and Family Services, assume temporary care and custody

of _____, (grade _____), in lieu of the Granite City School District #9, pursuant to the authority given to the Department by Statute and Rules and Regulations. I will notify the parents that the Department has custody of the child and relieve the District of care and custody of the child.

SIGNATURE

BADGE/ID#

WITNESS (PRINCIPAL/SECRETARY)

Please make copy of DCFS employee’s ID badge on this form for District #9 records.

Adopted: 10/5/04