

EDUCATIONAL STABILITY AGREEMENT FORM (FS-72A)

Student's Name: _____ Date of Birth: _____

Current Grade: _____ IEP? Yes No 504 Plan? Yes No EST? Yes No

Legal Parent's Town of Residence: _____

Foster/Kinship Caregiver's Town of Residence: _____

 The student will remain in their school of origin:

School: _____ Supervisory Union/School District: _____

 The Local Education Agency (LEA) is changing to:

School: _____ Supervisory Union/School District: _____

If the student's team is considering a change of schools, the [FS-72B: Educational Best Interest Determination \(BID\) Form](#) must be completed.**TRANSPORTATION ARRANGEMENTS**

Who is arranging the education transportation? _____

Who is paying for the education transportation? _____

How will the costs be billed? _____

Who will drive the student to school? _____

What is the student's school schedule? _____

What are the drop-off and pick-up times? _____

What are the student's extracurricular activities occurring before or after school?

_____**SIGNATURES**_____
DCF Family Services District Director or Designee_____
Date_____
Superintendent or Designee_____
Date*** Email this completed form to Alicia.Hanrahan@vermont.gov AND Barbara.Joyal@vermont.gov ***