From:	
Caregiver/Guardian/Advocate CASA/Educational Decision-Ma	ker's Name
Address	
Contact Information	_
То:	
Principal's Name	
School Name	
School Address	- -
School Address	
Request	For Appointment of Point of Contact
for a Stud	lent Experiencing Education Instability
	Date:
Student's Name:	
Date of Birth:	
Student ID No. (if known)	

Dear	(Principal, Solicitor, and/or Superintendent),
student who is currently in requires schools to ensure equit	school assign a Point of Contact for the above-captionedgrade and eligible for protection under Act 1 of 2022, which table access to school and timely graduation for students who astability" due to homelessness, foster care, involvement in the dered placement.
students. The POC is responsible school. Duties relevant to this tentities, county agencies, and seconsultation with a mental heal of a student in the appropriate of services. The Point of Contact as	e required to assign a Point of Contact ("POC") for eligible the for supporting a smooth and successful transition to a receiving ask include requesting complete school records from prior school tudent's education decision makers, facilitating expedited the professional (if applicable), facilitating the prompt placement courses, and connecting the student with appropriate education also works in tandem with the school counselor, school teker, home and school visitor, and the student's IEP team or 504 icable.
with timely graduation. These opartial credits, developing and ostudent and their education dec	ondary school, the Point of Contact is required to assist students duties include reviewing all records to assess a student's full and executing a student-specific Graduation Plan with the input of the ision maker, and assisting with navigating graduating options from prior school entities or applying for a statewide Keystone
well as provided to the education	information must be included in student's educational record as on decision maker, Please ter in writing and provide me with the contact information for the is student:
Name of Point of Contact:	
POC Contact Information:	
	prompt attention to this matter. Should you have any questions ct me by phone or email as identified below.
Sincerely,	
Caregiver/Guardian/Advocate/	CASA/Educational-Decision Maker
Phone Number:	Email: