

Request for Surrogate Parent

Student's Name _____

Date _____

Person Completing Form _____

Identifying Information:

Student is living with: _____

Address of student: _____

DOB: _____ School: _____ Grade: _____

Reason for Request

This student may be in need of a surrogate parent due to the following reason(s):

- _____ 1. Parent is unknown
- _____ 2. Parent is unavailable
- _____ 3. Parent is requesting a surrogate parent
(parent should sign shaded area to the right)
- _____ 4. Parental rights have been terminated
- _____ 5. Ward of the state

Parental Request for Surrogate Parent

I hereby request the school district to appoint a surrogate parent to represent my child.

Parent Signature

Date

Q If parent is unknown or unavailable, document attempts to contact parent through phone calls, letters, certified letters or visits to last known address. (attach)

Q If student is a ward of the state or parental rights have been terminated, attach court order.

Referrer's suggestions for a Surrogate Parent:

Name _____ Phone _____

Address _____

Appointment

The below named person is appointed as a surrogate parent for this student:

Name _____ Phone _____

Address _____

(Assistant Director of Special Education)

(Date)