

OP-7 Assignment of a Surrogate Parent (Optional Form)

District Name _____

REQUEST FOR ASSIGNMENT OF A SURROGATE PARENT

Purpose: This form should be completed by any person who knows of a child who may need special education services, and who is a ward of the State, or whose parents or guardian are not known or are not available.

Student's Name Date of Birth School of Attendance Grade

Student's Current Address Student's Telephone

With whom child is residing Relationship Address, City, State Zip Telephone

Parent's District of Residence

Student's caring agency Agency's contact person Agency's telephone

Name of person making request Position/Title Employer/Agency Telephone

Business Address

Why has this request been made?

Signature Date

APPOINTMENT OF A SURROGATE PARENT

Appointment of the surrogate parent should be reviewed annually.

Reason for the appointment of a surrogate parent: _____

Date of Appointment: _____

Please be informed that _____ is appointed as surrogate parent for _____. It is my understanding that this appointee has completed the necessary training, and is qualified to serve in this capacity, and should be involved in all aspects of the child's education in accordance with the district's special education policies and procedures.

Superintendent's or Designee's Signature School District Address City State Zip