

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