

Educational Surrogate Parent Appointment Form

Date:       School:

Student name:       ID#:

Grade:       Date of birth:

Special education category:

Surrogate parent(s) name:

Address:       Apt/lot:

City:       State:       Zip code:

**surrogate parent name** has been appointed a surrogate parent for **student name.**

Surrogate parents should be invited to attend all special education case conferences, and sign any parent permission forms required to assure an appropriate special education program.

Tina Northern

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Director of Special Education

Elkhart Community Schools

2720 California Road

Elkhart, IN 46514

(574)262-5861

Distribution:

School

Student’s Confidential File