**Request for Appointment of an Educational Surrogate Parent**

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| Please complete all applicable sections and mail along with other supporting documentation to:**NH Department of Education****Attn: Janelle Cotnoir, Program Coordinator,** **Educational Surrogate Parent Program****101 Pleasant Street, Concord, NH 03301 (603) 271-3737** |
| **Student Information:** | Student’s Name (First, Last, MI) | Address, City, & Zip | Date of Birth | Date of 18th Birthday |
| Is evaluation complete or in process? | If complete, please list educational disability(s) and code(s): | SASID #: | SEX(Circle One)Male Female |
| Student’s Primary Language (Circle One)English Spanish FrenchOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DCYF custody status:**Please check one****□ □ □**Supervision Custody GuardianshipParent Unable to be Located Ed 1115.03(b)-(e)  **□**Student is Homeless Ed 1115.03 (h): **□** |
| **DCYF Information:**DCYF Caseworker (CPSW), Juvenile Services Officer (JSO), or individual contacted at DHHS re: homeless or abandoned child. | Name: | Address, City & Zip | Phone #:Email Address: |
| **Child Advocate:**Guardian ad Litem or CASA | Name:(If none, please write “None”) | Address, City & Zip | Phone #:Email Address: |
| **Foster Parent(s):** | Name:(If none, please write “None”) | Address, City & Zip | Phone #:Email Address: |
| **Adult Caretaker:****(if not Foster Parent)** | Name:Title:(If none, please write “None”) | Address, City & Zip | Phone #:Email Address: |

***Please complete BOTH sides of this form***

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| **Student’s Mother:****(ONLY required if rights have NOT been terminated)** | Name: | Address, City, Zip & Phone # | Is there a protective order or other reason why this parent must not receive notice of the appointment of an educational surrogate parent?(Circle one)**YES**   **NO** |
| **Student’s Father:****(ONLY required if rights have NOT been terminated)** | Name: | Address, City, Zip & Phone # | Is there a protective order or other reason why this parent must not receive notice of the appointment of an educational surrogate parent?(Circle one)**YES**   **NO** |
| **School Information:**Please signify which location the meetings will be hosted. If not noted, Surrogate selected will be local to Student’s current School/Program. | **District of Liability/Sending District:**Name & SAU:Contact Person & Title:Address, City & Zip:Phone #:Email: | **Receiving District:**Name & SAU:Contact Person & Title:Address, City & Zip:Phone #:Email: | **Student’s Current School/Program**Grade Level of Student: \_\_\_\_\_\_\_\_\_\_School Name & Address:Principal/Director: Phone #: Email:  |
| **Any other person involved with this student?** | Name:Title: | Address, City & Zip | Phone #:Email: |
| **Person completing this request, if different from below:** | Name:Title: | Address, City & Zip | Phone #:Email: |
| **Special Ed. Director, or person responsible for educational surrogate parent issues for the school district.** | Name:Title: | School/SAU:Address, City & Zip | Phone #:Email: |
| *I have determined that this student is in need of a surrogate parent because he/she has no parent or legal guardian to act as their educational representative.***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |