**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 French  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DCYF custody status:  **Please check one**  **□ □ □**  Supervision Custody Guardianship  Parent 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |