

SURROGATE PARENT PROGRAM

Written Attestation

(To accompany a "Request for Appointment of a Surrogate Parent")
Pursuant to Ed 1115.04(b)

Superintendent or SPP Designee Name:	
Job Position:	
SAU & School District:	
Child's Full Name:	
Child's Date of Birth:	

Eligibility: I have determined that this student is eligible for a surrogate parent pursuant to Ed 1115 because:

Mother: This student's mother is

- Unknown pursuant to Ed 1115.03(b).
- Unable to be located pursuant to Ed 1115.03(c).
- Deceased OR parental rights were terminated or relinquished.

Father: This student's father is

- Unknown pursuant to Ed 1115.03(b).
- Unable to be located pursuant to Ed 1115.03(c).
- Deceased OR parental rights were terminated or relinquished.

Legal Guardian [NOT to be confused with Guardian Ad Litem or DCYF Caseworker]: This student

- Does not have an individual appointed as legal guardian.
- Does have an individual appointed as legal guardian, but this person is
 - Unknown pursuant to Ed 1115.03(b).
 - Unable to be located pursuant to Ed 1115.03(c).

Ward of the State: This student

- is NOT a ward of the state.
- is a ward of the state because the child is under legal custody of DCYF pursuant to Ed 1115.03(f).

Unaccompanied Homeless Youth (Ed 1116.02): This student

in accordance with Section 725(2)(B) of the McKinney-Vento Homeless Assistance Act, is defined as an unaccompanied homeless who is or may be a child with a disability and does not have an appointed legal guardian.

Signature of District Homeless Education Liaison: _____

Need: This student is in need of an educational surrogate parent because he/she has no parent or legal guardian to act as his/her educational representative.

Signature of Superintendent/SPP Designee: _____