

Educational Surrogate Parent Program

Request for Appointment of an Educational Surrogate Parent

Please complete all sections and mail with AFFIDAVIT and other supporting documentation to:

NH Department of Education
Attn: Danielle Pelletier , Program Coordinator,
Educational Surrogate Parent Program
101 Pleasant Street, Concord, NH 03301 (603) 271-3737

Student Information	<u>Student's Name (First, Last, MI)</u>	<u>Address, City, & Zip</u>	<u>Date of Birth</u>	<u>Date of 18th Birthday</u>
	Is evaluation complete or in process?	If complete, please list educational disability(s) and code(s):	<u>SPED ID #:</u>	<u>SEX</u> (Circle One)
			<u>SASID #:</u>	Male Female
	Student's Primary Language (Circle One) English Spanish French Other _____	<u>DCYF custody status:</u> Legal: Please check one <input type="checkbox"/> Supervision <input type="checkbox"/> Custody <input type="checkbox"/> Guardianship		
DCYF Information	DCYF Caseworker (CPSW) or Juvenile Services Officer (JSO): <u>Name:</u>	<u>Address, City & Zip</u>	<u>Phone #:</u>	<u>Email Address:</u>
Guardian Ad Litem	<u>Name:</u> (If none, please write "None")	<u>Address, City & Zip</u>	<u>Phone #:</u>	<u>Email Address:</u>
Foster Parent(s)	<u>Name:</u> (If none, please write "None")	<u>Address, City & Zip</u>	<u>Phone #:</u>	<u>Email Address:</u>
Adult Caretaker (if not Foster Parent)	<u>Name:</u> <u>Title:</u> (If none, please write "None")	<u>Address, City & Zip</u>	<u>Phone #:</u>	<u>Email Address:</u>

Please complete BOTH sides of this form

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Student's Mother	(Please specify if parent is deceased, rights are terminated or relinquished, and attach supporting documentation) <u>Name:</u>	<u>Address, City, Zip & Phone #</u>	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	(Please specify if parent is deceased, rights are terminated or relinquished, and attach supporting documentation) <u>Name:</u>	<u>Address, City, Zip & Phone #</u>	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	District of Liability/Sending District: <u>Name & SAU:</u> <u>Contact Person & Title:</u> <u>Address, City & Zip:</u> <u>Phone #:</u> <u>FAX #:</u> <u>Email:</u>	Receiving District: <u>Name & SAU:</u> <u>Contact Person & Title:</u> <u>Address, City & Zip:</u> <u>Phone #:</u> <u>FAX #:</u> <u>Email:</u>	Student's Current Ed. Program or School Grade Level of Student: _____ <u>School Name & Address:</u> <u>Phone #:</u> <u>FAX #:</u> <u>Email:</u> <u>Principal:</u>
Any other person involved with this student?	<u>Name:</u> <u>Title:</u>	<u>Address, City & Zip</u>	<u>Phone #:</u> <u>Email:</u>
Person completing this request if different from below: Date: _____	<u>Name:</u> <u>Title:</u>	<u>Address, City & Zip</u>	<u>Phone #:</u> <u>Email:</u>
Special Ed. Director or person responsible for educational surrogate parent issues for the school district	<u>Name:</u> <u>Title:</u>	<u>School/SAU:</u> <u>Address, City & Zip</u>	<u>Phone #:</u> <u>Email:</u>

Signature: _____ **Date:** _____