

SURROGATE PARENT PROGRAM

Under Age of Majority AFFIDAVIT

For Appointment of a Special Education Surrogate Parent
(To accompany a "Request for Appointment of a Surrogate Parent")

Now comes _____, being first duly sworn, and deposes and states:
(Special Education Director/ Surrogate Parent Designee)

I am (Full Name) _____,

Employed by _____, in the position of _____.

Regarding the student _____ Date of Birth: _____.
(Child's Full Name)

I have determined that:

ELIGIBILITY: This student is eligible for a surrogate parent per Ed 1115 because:

MOTHER: This student's mother is

- Unknown (identity unknown).
- Unable to be located (whereabouts unknown, does not want or not able to be educational representative).
- Deceased OR parental rights were terminated or relinquished.

FATHER: This student's father is

- Unknown (identity unknown).
- Unable to be located (whereabouts unknown, does not want or not able to be educational representative).
- Deceased OR parental rights were terminated or relinquished.

GUARDIAN: (this is NOT the 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 (identity unknown).
 - Unable to be located (whereabouts unknown, does not want or not able to be educational representative).

WARD OF THE STATE: This student

- is NOT a ward of the state
- is a ward of the state because ***(conditions 1 & 2 below must BOTH be met)***
 1. the mother and father OR legal guardian are deceased or parental rights are not intact

AND

 2. the state or a state agency has been appointed legal guardian for this student.

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 the Local/District's Homeless Education Liaison: _____

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

Signature of Special Ed. Director/SPP Designee: _____

State of New Hampshire, County of _____

Subscribed and sworn to before me, the undersigned officer, this _____ day of _____, 20 _____.

Justice of the Peace or Notary Public