



Department of Student Services

PO Box 5381, Cincinnati, OH 45201-5381

Phone: (513) 363-0280

TDD: 363-0306

Fax: (513) 363-0275

REQUEST FOR ASSIGNMENT OF A SURROGATE PARENT

Purpose:

This form should be completed by any person who knows of a child who may need special education services, and who is a ward of the State, or whose parents or guardian are not known, or are not available.

Student Name: _____ Date of Birth: _____ Age: _____

Student Number: _____ School: _____ Grade: _____

Current address: _____ Telephone: _____

With whom child is residing: _____

Relationship: _____ Name of Guardian: _____

Parent's district of residence*: _____ *Please include copy of court entry listing district

Student's caring agency or agency maintaining custody: _____

Agency's contact person: _____ Agency's telephone: _____

Name of person making request: _____

Position/title: _____ Employer/agency: _____

Business address: _____ Telephone: _____

Why has this request been made? _____

Do you know of a Certified Surrogate Parent interested in being appointed to represent this student? **

Name: _____ Relationship: _____

Address: _____ Phone: _____

**Please attach copy of certification of Surrogate Parent Training from the SERRC

Please send form to: Cincinnati Public Schools – Department of Student Services
Surrogate Parent Section
PO Box 5381
Cincinnati, OH 45201-5381

Office Use

APPOINTMENT OF A SURROGATE PARENT

Appointment of the surrogate parent should be reviewed annually.

Reason for the appointment of a surrogate parent: Child may need special education services, and is a ward of the State, or parents or guardian are not known, or are not available.

Date of appointment: _____

Please be informed that _____ is appointed as a surrogate parent for _____ (Name)

_____, Student Services Designee Superintendent's or Designee's Signature
_____, It is my understanding that this appointee (Student) _____ (Date of Birth)

has completed the necessary training, and is qualified to serve in this capacity, and should be involved in all aspects of the child's education in accordance with the district's special education policies and procedures.

Surrogate Parent Information:

Copies: Student, Cumulative Record, Principal Requesting Party, Guardian, Surrogate Parent

PO Box 5381 Cincinnati, Ohio 45201-5381
Address City State Zip Code