



**Designation of Surrogate Parent
Canyons School District**

Student Name: _____ Date: _____

- I. Documentation of Need for Surrogate Parent:
There is a need for a surrogate parent to be designated for this student due to one or more of the following circumstances:
- No parent can be identified.
 - The District cannot discover the whereabouts of the parent.
 - The student is a ward of the state.

Information Source: _____

II. Assignment of Surrogate Parent:

Surrogate parent assigned by: _____

Surrogate Parent Name: _____

Address: _____

Phone: _____

Email: _____

I am willing to act as a surrogate parent for the above named student and understand that I may represent the child in all matters relating to the identification, evaluation, and educational placement of the child and the provision of all educational and related services offered by the Canyons School District. I certify that I am not an employee of Canyons School District, I have no interest that conflicts with the interest of the child, and I have the knowledge and skills to adequately represent the interests of the child.

Signed: Surrogate Parent Date

If surrogate parent is a foster parent, complete this section:

_____	_____	_____	_____
Case Worker	Agency	Phone	E-Mail

As the duly appointed caseworker for the above named student, I certify that the surrogate parent named here is an appropriately assigned foster parent, has the authority to make educational decisions for the child, and has an ongoing parental relationship with the child.

Signed: Caseworker Date