



**South Bend Community School Corporation  
Special Education Services**

215 S. St. Joseph St, South Bend, IN 46601  
Ph: 574.283.8130 Fax: 574.283.8105

**Request for Appointment of Educational Surrogate Parent**

Student Name: \_\_\_\_\_ SBCSC ID#: \_\_\_\_\_ STN#: \_\_\_\_\_

School: \_\_\_\_\_ DOB: \_\_\_\_\_ Disability: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Teacher of Record: \_\_\_\_\_

This student needs a surrogate parent for the following reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the person the student is living with willing to be trained and appointed as the educational surrogate parent?

Yes  No  Not qualified  Other

Do you know where parents are?  Yes  No

If yes, please give parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Is there a court order or other legal document giving custody/guardianship? If yes, please attach a copy.

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Date

**Please submit this request to Special Education Services and we will follow up with appointing an educational surrogate parent for this student. A copy of the Appointment of Educational Surrogate Parent will be sent to the school.**