

SURROGATE PARENT WRITTEN AGREEMENT

Student: _____ DOB _____

SCHOOL OR AGENCY _____

ADDRESS _____

GRADE _____ PHONE _____

AS SURROGATE PARENT I _____
Surrogate parent

WILL REPRESENT _____
Minors name

IN ALL MATTERS RELATING TO THE IDENTIFICATION, EVALUATION, EDUCATIONAL PLACEMENT, AND PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION FOR THE MINOR NAMED ABOVE.

I UNDERSTAND THAT AS A SURROGATE PARENT I AM LEGALLY ENTITLED TO TAKE THE PLACE OF THE PARENT BECAUSE THE STUDENT'S PARENT:

CANNOT BE IDENTIFIED _____
CANNOT BE LOCATED _____
(OR) STUDENT IS A LEGAL WARD OF THE STATE _____
OTHER _____

As a Surrogate Parent, I _____ have been notified of my rights as listed in the "*confidentiality of information*" in educational records section of *The Parent and Student Rights for a Special Education*. The Special Education staff will inform me of all admission, review and dismissal meetings and arrange school observations of this child if they or I determine it to be necessary. All the stipulations set forth in the child centered educational process as outlined in *The Parent and Student Rights for a Special Education* will be followed by the Perryton Special Education, SSA staff on behalf of _____.

As a surrogate parent, I agree to attend ARD Meetings concerning the student named and participate in surrogate parent training.

I, _____ have no interest that conflicts with the interest of the child, _____ whom I will represent.

By affixing our signatures, we understand this to be for the specific objectives stated heretofore, and agree to honor the commitments construed herein.

Surrogate Parent

Public School Designee

Date

Perryton Special Education, SSA
Marsha Murphy, Director
P.O. Box 1048
Perryton, TX 79070
Phone 806-435-4412