

Portland Public Schools, Department of Special Education
**STUDENT DATA SUBSTANTIATING ELIGIBILITY
FOR SURROGATE PARENT**

(To be completed by SCHOOL or AGENCY directly responsible for the education of the student.)

STUDENT NAME _____

Date of Birth _____ ID Number _____

School/ Agency _____

1. Who is the student's legal guardian? _____

2. If the parent(s)' whereabouts are unknown, efforts must be made to try to locate parent(s) by phone or letter at last known address. *(Refer to Procedures Manual)*

Please explain efforts you have made:

3. Did natural parent or student age 18 or over voluntarily give written permission for another individual to act as surrogate parent for the student? _____ Yes _____ No

If so, please attach documentation.

4. Is the child a ward of the court? _____ Yes _____ No

If so, please attach documentation and advise:

Court (County/State) in which wardship was granted _____

Date of wardship _____

5. On what basis has it been determined that this student has a disability (OAR 581-15-051) or believed to have a disability? (Substantiating information must be supplied and on file in the student's permanent record folder.)

6. Who is the Surrogate Applicant?

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

What is applicant's relationship to the student? _____

This application is submitted by (PLEASE PRINT CLEARLY)

School/Agency Staff _____ Date _____

Return completed Student Data Eligibility form, Surrogate Parent Application, and necessary documentation to BESC, Surrogate Parent Office.