

Responsive Services 9150 S 500 W Sandy, UT 84070 Office: 801-826-5506

Fax: 801-826-5507

Designation of Surrogate Parent Canyons School District

Student Name:			Da	Date:		
 I. Documentation of Need for Surrogate Parent: There is a need for a surrogate parent to be designated for this student due 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. 					ue to one or	
	Information Source:					
II.	Assignment of Surrogate Parent: Surrogate parent assigned by:					
	Surrogate parent name:					
	Address:					
	Phone:					
	Email:					
the child in all the provision of am not an emp	act as a surrogate parent matters relating to the id of all educational and rela loyee of Canyons School we the knowledge and ski	lentification, evalua ated services offere District, I have no i	tion, and educed by the Canyonterest that co	cational placeme ons School Distr onflicts with the	ent of the child and ict. I certify that I interest of the	
	Signed: Surrogate Parent		 Date			
	If surrogate parent is a foster/proctor parent, complete this section:					
	Caseworker	Agency	Phone	Email		
here is an appr	pointed caseworker for the copriately assigned foster an ongoing relationship w	r parent, has the au				
	Signed: Caseworker		Date			