



Anchorage School District
Educating All Students for Success in Life

Request for Surrogate Parent
Anchorage School District
5530 E. Northern Lights Blvd.
Anchorage, AK 99504
742-4272 (ph) ~ 742-4289 (fax)

Directions: Complete request for a student who meets all of the following criteria:

- a. A student receiving or being referred for special education services or a 504 plan.*
- b. Who is in state custody (either OCS or DJJ)*
- c. And is not living with a foster parent or natural family member eligible to "act as a parent".*

If you have any questions, please review the 2008 Surrogate Handbook or call 742-4272.

Student's name: _____ Student Number: _____

Exceptionality: _____ Birthdate: _____

School: _____ Grade: _____

School Contact: _____ Phone: _____

Social Worker: _____ Phone: _____

Any Ethnic Considerations: _____

Student's Residence:

Mother: _____ Work Phone: _____ Cell: _____

Father: _____ Work Phone: _____ Cell: _____

Address: _____ Home Phone: _____

Name of Person making the request: _____ Phone: _____

Date of request: _____

You must attach a copy of the Surrogate Parent Documentation Form to this Request and fax both to Compliance Director, Special Education, 742-4289.