

**The School Board of St. Lucie County, Florida  
Exceptional Student Education 772-429-4570**

**SURROGATE PARENT-STUDENT ASSIGNMENT**

Surrogate Parent:	Date:
Address:	Home Telephone:
City:	Emergency Telephone:
State:	Zip:

**You have been assigned as a surrogate parent for the following student:**

Student Name:	I.D.#
Date of Birth:	Sex: Race:
Address:	Home Telephone:
City:	Zip:
State:	School Telephone:
Present School:	Principal:
Current School Program(s):	
Referral Coordinator:	

**A copy of this form will also be in the student's Cumulative Education file.**

**Sincerely,**

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**Director of Exceptional Student Education**