

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

SURROGATE PARENT APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ / \_\_\_\_\_  
Home Work Place of Employment

Citizen of United States  Yes  No Resident of Florida  Yes  No  
Employee of St. Lucie County Schools  Yes  No

Education \_\_\_\_\_ Degree \_\_\_\_\_  
Last Grade Completed

Major areas of educational interests: \_\_\_\_\_  
\_\_\_\_\_

Primary Language Spoken \_\_\_\_\_ Other Languages \_\_\_\_\_

Can you read in the above language(s)?  Can you speak in the above language(s)?  
 Can you interpret in the above language(s)?

With what age students are you most familiar?  3-5 years  6-10 years  11-13 years  
 14-18 years  19-21 years

Do you have children attending St. Lucie County Schools?  Yes  No

If yes, \_\_\_\_\_  
Student's Name Present School ESE Program(s)  
\_\_\_\_\_  
Student's Name Present School ESE Program(s)  
\_\_\_\_\_  
Student's Name Present School ESE Program(s)

Please submit the names of two references:

\_\_\_\_\_  
Name Name  
\_\_\_\_\_  
Address Address  
\_\_\_\_\_  
City, State, Zip City, State, Zip

For Office Use:  
Application Received \_\_\_\_\_ Recommendations Received \_\_\_\_\_  
Training Completed \_\_\_\_\_ Name Submitted to Superintendent \_\_\_\_\_  
Appointed by Superintendent \_\_\_\_\_ Terminated by Superintendent \_\_\_\_\_