

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

NEED FOR EXCEPTIONAL STUDENT EDUCATION SURROGATE PARENT

Student Name _____ ID# _____ DOB _____

Address _____ Grade _____ Sex _____ Race _____

City _____ State _____ Zip _____

Present School _____ ESE Assignment _____

Parent/Guardian _____ Home/Work Telephone _____

Address _____

City _____ State _____ Zip _____

Documentation required to determine need for surrogate parent:

Student is a ward of: _____ State _____ Date _____
_____ State _____ Date _____

Certified Letter _____
Date Sent _____ Receipt Returned _____ Results _____

Home Visit _____
(Signature)

Date _____ Results _____

(Signature)

Date _____ Results _____

(Signature)

Record of Contact:

Date _____ Telephone # _____ Results _____

Date _____ Telephone # _____ Results _____

(Signature)

Other Agencies/School Contacted:

Date Telephone Name of Agency/School Person Contacted Results

(Signature)