

## SURROGATE DESIGNATION BY DISTRICT

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_

The Capistrano Unified School District appoints \_\_\_\_\_  
Print name or guardian, foster parent, surrogate

As surrogate to represent and make education decisions for the above named student from \_\_\_\_\_  
Date

To \_\_\_\_\_ or until further notice.  
Date Please Circle

The Surrogate may represent this student in matters related to assessment, identification, instructional planning, educational placement, Individual Educational Program (IEP) development and revisions, and in all the other matters relating to a free appropriate public education.

\_\_\_\_\_  
District Representative

\_\_\_\_\_  
Date

*A local educational agency shall appoint a surrogate parent for a child under one or more of the following circumstances:*

- 1. The child who is a dependent or ward of the court is referred to a local educational agency for special education and related services, or the child already has a valid individualized education program.*
- 2. No parent for the child can be identified.*
- 3. The local educational agency, after reasonable efforts, cannot discover the location of a parent.*

NOTE: A copy must be placed in the cumulative file and district office file.