



**Plymouth Community School Corporation**

611 Berkley St. Plymouth, IN 46563  
Ph: 574.936.3115 Fax: 574.936.3160

**Request for Appointment of Educational Surrogate Parent**

Student Name: \_\_\_\_\_ PCSC ID#: \_\_\_\_\_ STN#:

\_\_\_\_\_

School: \_\_\_\_\_ DOB: \_\_\_\_\_ Disability: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Relationship:

\_\_\_\_\_ Address:

\_\_\_\_\_

\_\_\_\_\_

—

Phone Number: \_\_\_\_\_ Teacher of

Record: \_\_\_\_\_

This student needs a surrogate parent for the following reason (Please provide any available supporting documentation):

\_\_\_\_\_

\_\_\_\_\_

—

\_\_\_\_\_

—

Do you know where parents are? \_\_\_\_ Yes \_\_\_\_ No

If yes, please give parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Is there a court order or other legal document giving custody/guardianship? If yes, please attach a copy.

\_\_\_\_\_

\_\_\_\_\_

Name of Person Completing Form

Date



## **Plymouth Community School Corporation**

611 Berkley St. Plymouth, IN 46563

Ph: 574.936.3115 Fax: 574.936.3160

Please submit this request to Andrew Hartley, Assistant Superintendent, who will appoint an educational surrogate parent for this student. A copy of the Appointment of Educational Surrogate Parent will be sent to the school.