



Anchorage School District
Educating All Students for Success in Life

**Request for Surrogate Parent
Anchorage School District
5530 E. Northern Lights Blvd.
Anchorage, AK 99504-3135
742-4236 (phone) ~ 742-4289 (fax)**

Directions: Complete request for a student who meets all of the following criteria:

- a. A Student receiving or being referred for special education services or a 504 plan.
- b. Who is in state custody (either OCS or DJJ)
- c. And is not living with a foster parent or natural family member eligible to "act as a parent".

If you have any questions call 742-4236.

Student's name: _____ Student Number: _____

Exceptionality: _____ Birthdate: _____

School: _____ Grade: _____

School Contact: _____ Phone: _____

Social Worker or
Probation Contact: _____ Phone: _____

Any Ethnic Considerations: _____

Student's Residence:

Mother: _____ Work Phone: _____ Cell: _____

Father: _____ Work Phone: _____ Cell: _____

Address: _____ Home Phone: _____

Name of Person making the request: _____ Phone: _____

Date of request: _____

You must attach a copy of the Surrogate Parent Documentation Form to this Request and fax both to the Compliance Director, Special Education, at 742-4289.