



Application Form to Obtain a Surrogate Parent

School District: _____ **Date:** _____

Student's Name: _____ **DOB:** _____

Address: _____

Telephone: _____

- Student is 1305 (Court or agency placement in a private home; parents or guardian are not known.)
- Student is 1306 (Ward of the Commonwealth of Pennsylvania)
- Student is 1306 (Ward of the Court; parent or guardian are unknown.)

Custodial Adult: _____

Address: _____

Telephone: _____

Parents (if known): _____

Address: _____

Return form to: Surrogate Parent Coordinator
Allegheny Intermediate Unit
475 East Waterfront Drive
Homestead, PA 15120