



**OFFICE OF STUDENT SUPPORT**

**Affirmation for Foster Parents**

Date: \_\_\_\_\_

I am serving as the foster parent for \_\_\_\_\_,  
who has been living in my home since \_\_\_\_\_.

It is reasonable to assume that \_\_\_\_\_ will not be  
moving to a different foster situation in the foreseeable future.

If for any reason his/her foster placement should change, I will notify the Special  
Education Director of the school district immediately.

Foster Parent Printed Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_

\*Upon receipt of this affirmation the School District will provide written notice to the  
foster parent that the foster parent will be considered the parent for purposes of special  
education. The District will provide training to foster parents who need training.

\*\*This Affirmation complies with all elements of 4 AAC 52.600(d)