

PINELLAS COUNTY SCHOOLS  
EXCEPTIONAL STUDENT EDUCATION (ESE) DEPARTMENT  
**SURROGATE PARENT APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

Employed by: \_\_\_\_\_

Citizen of the United States?      Yes      No      Resident of Florida?      Yes      No

Primary Language Spoken: \_\_\_\_\_ Other Language(s) Spoken: \_\_\_\_\_

❖ Are you a current Guardian ad Litem (GAL)?      Yes      No

❖ If yes, would you represent students not assigned to you as a GAL?      Yes      No

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING YES OR NO**

YES    NO

Are you a registered volunteer with Pinellas County Schools?

If yes ➡ you will not need to fill out a Volunteer Registration Form

Are you an employee of an agency or district involved in the education or care of children?

If yes ➡ Do NOT complete this form. You will not be able to participate in the surrogate parent program based on Florida Rule 6A-6.0333 (1) (b), F.A.C. that states a qualified applicant for surrogate parent may not be an employee of either a local school board or a public or private agency involved in the education or care of the child.

As a Surrogate Parent are you willing to:

Attend training sessions

Become familiar with the district's procedures for providing services to students with disabilities

Attend IEP or FSP and other educational meetings regarding the student

Meet the student

Meet the student's teacher(s) and others who know or work with the student

Observe the student's school day

Become familiar with the student's background and disabilities

Keep all information I may receive about the student in strict confidence

Keep the student's case manager and the surrogate parent coordinator informed of my activities as a surrogate parent

Make every effort to serve for a minimum of 12 months

Surrogate is receiving from the Board personally identifiable student information, the confidentiality of which is protected under the Family Educational Rights and Privacy Act as well as under Sections 1002.22 and 1002.221, Florida Statutes. Surrogate acknowledges and agrees that, in accordance to these laws, it may use such information only for the purposes for which the disclosure was made and may not redisclose the information to any party. Surrogate shall not allow anyone to obtain access to personally identifiable information from education records except in strict accordance with the requirements, if any, established by the Board in writing.

Signature: \_\_\_\_\_

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