Miami-Dade County Public Schools
giving our students the world

Clear Form

DIVISION OF SPECIAL EDUCATION

SURROGATE PARENT STUDENT ASSIGNMENT

Date: _____

Certified Surrogate Parent (Name): _____

Phone Number: _____ _____ _____ _____
Home Work Fax Cell

Address: _____

Student's Name(s):

_____

_____

_____

_____

_____

Residential Institution: _____

Address: _____

Phone Number: _____

Present School: _____ Phone Number: _____

Staffing Specialist: _____ Regional Center: _____

Phone Number: _____

Approved by: _____
Delsey Yancoskie, Instructional Supervisor

Florida Diagnostic and Learning Resources System-South (FDLRS-South)
5555 S.W. 93rd Avenue, Miami, Florida 33165 (305) 274-3501