

**EDUCATIONAL RIGHTS INFORMATION SHEET**

*(To be filled out by social services agency responsible for placement and case management)*

**Student's Name:** \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
School: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Current teacher: \_\_\_\_\_  
School district: \_\_\_\_\_  
*(This box to be completed by school district prior to forwarding to social services agency)*

**Student is currently living with:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Student's legal guardian *(if known)*: \_\_\_\_\_

**Status of biological parents:**  
 Location unknown  Child is a ward of the court  
 Other – *(please describe)*: \_\_\_\_\_  
Address *(if known)*: \_\_\_\_\_

Do Biological Parents have educational rights?  Yes  No  
If rights have been removed, attach court orders.

**Is there a legal guardian?**  Yes  No  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**Has a conservator been appointed?**  Yes  No  
If yes,  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Is there a Court Appointed Special Advocate (CASA)?**  Yes  No  
If yes,  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Department of Social Services worker:** \_\_\_\_\_  
Telephone number: \_\_\_\_\_

**Probation officer:** \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Other agency personnel** (*i.e., Mental Health, Regional Center, etc.*): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Agency: \_\_\_\_\_

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**Submitted by:** \_\_\_\_\_

Date

**Agency:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Please forward copy of this worksheet to the surrogate once appointed.

**For district use only:**

\*United Parents – Please give us name of possible volunteers

District will select surrogate

(\*United Parents, 391 S. Dawson Dr, Suite 1A, Camarillo, CA 93012 or fax (805) 384-1080)