

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: _____

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, 5151 Verdugo Way, Suite 204, Camarillo, CA 93012 or fax (805) 384-1080*)