

Amie Talarico, Director of Special Education
Lackawanna Trail School District
PO Box 85
Factoryville, PA 18419



Phone: 570-945-5184

Fax: 570-945-3154

talaricoa@ltsd.org

Application to Serve as a Surrogate Parent

Date:

Last Name:

First Name:

Middle Initial:

Home Address:

Telephone Number:

Date of Birth:

Occupation:

Place of Employment, if different from home:

Employment Address:

Business Telephone:

Children, if any, and ages:

Education (highest level attained):

Do you have a child with a disability in your family? ☐ Yes ☐ No

Have you ever had any involvement with a child with a disability? ☐ Yes ☐ No

If yes, please explain:

List and/or explain any activities or experiences that you have had that you feel would enhance your ability to serve as a surrogate parent:

Why do you want to be a surrogate parent?

Are you applying to be a surrogate parent only for a particular child? ☐ Yes ☐ No

If yes, please state the child's name and your relationship to the child:

If you become a surrogate parent, would you be willing to commit yourself to a period of at least one year? ☐ Yes ☐ No

List two references, at least one who is not a relative, who have first-hand knowledge of your character, personality, interests, etc:

Name:

Relationship or Occupation:

Address:

Phone Number:

Name:

Relationship or Occupation:

Address:

Phone Number: