

## OP-7 Assignment of a Surrogate Parent columbus City Schools

## REQUEST FOR ASSIGNMENT OF A SURROGATE PARENT

Date of Appointment:	_				
Data of Annaintment:					
Appointn	nent of the surrogate	parent should be reviewed a	innually.		
Send completed form to John Cook,	,	Supervisor, at <u>icook1324@cc</u> F A SURROGATE PARENT	<u>olumbus.k12.o</u>	<u>h.us</u>	
Signature		Date			
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Why has this request been made?					
Business Address					
Name of person making request	Position/Title	Employer/Agency	<del></del> - <u>-</u>	Telephone	
Student's caring agency	Agency's contact person		Agency's telephone		
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Parent's District of Residence					
With whom child is residing	Relationship	Address, City, State Zip		Telephone	
Student's Current Address			Student's	Telephone	
	Date of Birth	School of Attendance		Grade	

Prepared by the Ohio Department of Education for optional use. Not an ODE Required form. CCS modified form on 9/15/2020