

SAN FRANCISCO UNIFIED SCHOOL DISTRICT
Special Education Services
750 25th Ave
San Francisco, CA 94121
Tel: 415-379-7642
FAX 415-750-8690

Surrogate Parent (Educational Representative) Information /Registration

Name: _____

Address: _____

Phone: _____ Email: _____

Email: _____ Fax: _____

Employer: _____ Occupation: _____

Ethnicity: _____ Bilingual Skills: _____

Birth Date: _____ Social Security Number: _____

Have you had any affiliations with SFUSD in any capacity as a parent or a professional?
If so, what was your role and which school were you associated with?

Are you willing to participate in training on the role, rights and responsibilities of a
surrogate parent (educational representative)? Yes No

To serve as a surrogate parent, it must be established that you have no interests that
conflict with the interests of the child. Please answer the following questions:

Are you an employee of SFUSD or any public agency
involved in the education or care of the child? Yes No

Do you hold a job that might restrict or bias your ability
to advocate for the child's educational needs? Yes No

Do you hold any position that might subject you to
administrative influence or reprimand for the faithful
execution of your duties as a surrogate parent? Yes No

Do you hold any opinion or institutional bias against
SFUSD or the public agencies involved in the education
of care of the child? Yes No

Signature: _____ Date: _____

Surrogate Parent (Educational Representative) Information /Registration

Name: _____

Automobile Driver's License Number _____ State _____ Expiration _____

Information: Has your Driver's License ever been revoked or suspended?

If yes, please explain. _____

Automobile Insurance Information: It is necessary for you to have the following insurance coverage for our protection.

Public Liability: \$15,000 - \$30,000 Property Damage: \$5,000.00

Does your policy meet these requirements? _____ Yes _____ No

Has your policy ever been cancelled? _____ Yes _____ No

| Policy Number | Name of Insurance Company |
|---------------|---------------------------|
| _____ | _____ |

Agents Name, Address and Telephone Number

Have you ever been convicted of any offense other than minor traffic violations?

Include adult and military offenses. _____ Yes _____ No

If yes, please furnish the following information:

| Date of Offense | Offense Disposition | City & State |
|-----------------|---------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Education: _____ Major Field of Certification _____

Special Training or Skills

Hobbies or Interests _____

I am interested in volunteering because

Do you have any personal experience related to Special Education or other related services for children?

Groups or Organizations you are affiliated with (optional)

**Surrogate Parent (Educational Representative)
Information /Registration**

Name: _____

References: List one professional and one personal

| | |
|----------------|----------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Position _____ | Position _____ |
| Phone _____ | Phone _____ |

Person to call in case of emergency _____
Relationship _____ Phone _____

As a volunteer, I am not an employee of SFUSD. I understand that I am not covered by Workers Compensation. It is also my understanding that a routine criminal record check will be made for all volunteers and the results of the check are to be used for the sole purpose of evaluating the suitability of a volunteer to commence or to continue providing volunteer services. I Hereby Certify that all statements made on this application form are true and correct to the best of my knowledge.

Date _____ Signature _____

San Francisco Unified School District
Surrogate Parent Fingerprinting Form

Applicant: Please complete the following information:

Name _____

Address _____

Phone _____

Soc. Security # _____

The above person is applying to serve as Surrogate Parent in Special Education.

Instructions to Applicant:

Please take this letter to Human Resources, San Francisco Unified School District, 555 Franklin Street, San Francisco. Go to the second floor.

The office is open Monday through Friday 9 a.m. to 4:30 p.m.

Please call ahead to schedule an appointment. The telephone number at Human Resources is 241-6101 ext. 3253. There will be no charge for this service to the Surrogate Parent volunteers.

A confirmation of fingerprint clearance will be FAXED by Human Resources to Carol Kocivar, Special Education Services, 750 25th Ave. San Francisco, CA 94121
FAX 415-750-8690

Appointment of Surrogate Parent can be made after the fingerprint clearance is obtained.

Thank you.

SFUSD Special Education

Tuberculosis Examination Report

Surrogate parent volunteers and court appointed “responsible adults ”working directly with students in San Francisco public schools must have a tuberculin examination prior to working in a school and then every four years thereafter. Kindly arrange for your TB examination and complete the form below:

Name (Please Print) _____

Address _____

TB Test Date _____ Results _____ Technician _____

Volunteer Signature _____ Phone _____

Medical Provider: Sign in space provided below, affix Clinic Stamp here or attach copy of test results or doctor’s note to this form.

Please return this form to:

Special Education Services
ATTN: Carol Kocivar
Surrogate Parent Coordinator
750 25th Ave
San Francisco, CA. 94121
Tel: 415-379-7642 FAX 415-750-8690

Please keep a copy of all papers.

See Attached Form Below For TB Clinics

TB Testing Sites:

Children's Health Center at SFGH, 1001 Potrero Avenue, 6th Floor (Rm 6M5), 206-8376

Glide Health Services, 330 Ellis (4 Floor), 674-6140

Haight Ashbury Free Clinic, 558 Clayton Street, 487-5632

Mission Neighborhood Health Center, 240 Shotwell Street (at Francis), 552-3870

Native American Health Center, 160 Capp Street, 621-8051

North East Medical Services, 1520 Stockton Street, 82 Leland Avenue, 2308 Taraval Street, 391-9686

San Francisco Free Clinic, 4900 California Street (at 11th Ave.), 750-9894

South of Market Health Center, 551 Minna Street, (415), 626-2951

Southeast Health Center, 2401 Keith Street (at Armstrong), 671-7000

Tom Waddell Health Center, 50 Lech Walesa Street (at Ivy), 355-7400

Department of Public Health District Health Centers

Castro - Mission Health Center, 3850 17th Street (Noe), 485-7500

Chinatown Public Health Center, 1490 Mason Street (at Broadway), 364-7600

Maxine Hall Health Center, 1301 Pierce (Ellis), 292-1300

Ocean - Park Health Center, 1351 24th Avenue (Irving), 682-1900

Silver Avenue Family Health Center, 1525 Silver Avenue (at San Bruno Ave.), 715-0300