

**Cumberland County Schools  
Exceptional Children's Services  
SURROGATE PARENT VOLUNTEER APPLICATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**School(s) or Attendance Area(s) in which you wish to serve as a Surrogate Parent**

\_\_\_\_\_  
\_\_\_\_\_

A surrogate parent shall represent the child in all matters relating to the identification, evaluation, and educational placement of the child and the provision of a free appropriate public education, including the appeal of any placement decision.

According to the Procedures Governing Programs and Services for Children with Special Needs, a surrogate parent:

- 1) May not be an employee of the SEA, the LEA, or any other agency that is involved in the education or care of the child, such as the Department of Health and Human Services, a group home, or a therapeutic foster parent;
- 2) Has no personal or professional interest that conflicts with the interest of the child the surrogate parent represents; and
- 3) Has knowledge and skills that ensure adequate representation of the child.

**Please return application to: Robert Freeman/Carol Huggins**

[robertfreeman@ccs.k12.nc.us](mailto:robertfreeman@ccs.k12.nc.us)

[chuggins@ccs.k12.nc.us](mailto:chuggins@ccs.k12.nc.us)

**Exceptional Children's Instructional Building**