NAME School District

Affirmation that the Foster Parent Will Serve as Parent

Date:_____

Dear _____,

Based on your affirmation, the *[school district]* appoints you to act as a parent for special education purposes, in accordance with federal (34 CFR § 300.519) and Alaska regulations (4 AAC 52.600(d)).

We confirm that you, as a foster parent, have all the rights and responsibilities of parents in matters relating to the special education process for student _____.

The term of your appointment is ongoing; please notify the district immediately should your foster parent status change.

This student is currently placed in an educational program at:

[School & principal contact information]

If you have any questions about your appointment or your rights and responsibilities, please call me.

Sincerely,