

COMMUNITIES IN SCHOOLS OF ROWAN COUNTY
PARENT CONSENT FORM

Dear Parent/ Guardian:

Your son/daughter has been invited to participate in Communities In Schools. Communities In Schools is a public-private partnership that connects public, private, and volunteer sectors of the community to the schools on behalf of the students and families.

Your permission is needed for your child's general participation in the program, and indicates your willingness to participate in the activities and services offered to support your child's academic success and future. Your permission is needed for your child's participation in the program, referrals to other agencies for special services and to access, track and report all required student data, including access to free and reduced lunch information.

I hereby grant permission for my child _____, to participate in the CIS program at _____ School.

I specifically authorize the following:

1. An annual assessment of my child's attendance, behavioral and academic needs to determine the need of continuing services from CIS. Services from CIS may discontinued if they are no longer needed or appropriate.
2. The design of a student service plan to meet the needs of my child.
3. Release of confidential and identifiable information to CIS school teams and partnering agencies such as CISNC and CIS National (i.e. attendance, discipline reports, grades, assessments, test scores, etc. to track and report data and determine additional services needed.)
4. Referrals to agencies for specific services as identified and needed.
5. CIS staff to communicate with me regarding program evaluation and student's progress.
6. **Use of photography or footage of me or my child may be used for CIS marketing purposes including in social media, such as, but not limited to, Facebook, Twitter, Instagram, LinkedIn. I release and waive all claims for myself, my child and any next of kin to said images and stories. – OR - I DO NOT WANT MY CHILD'S PHOTOGRAPH TAKEN – Parent Initials here>**
7. Interviews, test and questionnaires for program evaluation.
8. Participation in activities specified by the student's individual plan.
9. Participation in a one –on –one volunteer relationship as appropriate. (i.e. tutoring, mentoring, etc.)
10. Medical or surgical treatment from a hospital or medical doctor in the event of illness, accident, or emergency if I am unable to be reached.

To further my child's academic, personal, and vocational development, I will participate in parent/staff conferences to discuss my child's progress, either through home or school visits.

I further state that I, or any part of my family will not hold Communities In Schools of Rowan County, CIS of North Carolina Services Group, LLC., CIS employees, a volunteer or any school staff liable for dental medical and/or surgical treatment in such cases of illness, accident or any emergency situation that should occur in connection with authorized activities or travel.

This parental consent will remain in place while my student is in the the current grade span (elementary K-grade 5, middle school grades 6-8; high school grades 9-12). A new parent consent will be provided as my child moves from elementary to middle school and middle to high school.

This parent consent will follow my child if he/she transfers to another Rowan-Salisbury School served by Communities In Schools of Rowan County.

I can terminate this consent at any time on request.

I have read and reviewed the Communities In Schools Student application and I agree to the terms and conditions.

This form reviewed and approved by CIS Rowan Board of Directors – April 18, 2018



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Signed: _____ Parent/Guardian _____ Date

Please complete the following information for your child’s file.

Student Information

Name: _____

First

Middle

Last

Birth Date: _____

Permanent Address:

Street Address City NC Zip Code

Mailing Address:

Address City NC Zip Code

Email Address: _____

School Grade at time of enrollment: _____

Parent/Guardian Information

Name: _____

First

Middle

Last

Permanent Address:

Street Address City NC Zip Code

Mailing Address:

Address City NC Zip Code

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Work Phone: (____) ____ - ____

Email Address: _____