



Communities In Schools

Gulf South

Parent and Student Consent Form

I give permission for my child: _____ to participate in programs sponsored by Communities In Schools of Greater New Orleans, Inc. (CIS) at

I understand that my permission is being given so that:

- ▶ My child can receive services provided or coordinated by Communities In Schools staff, service providers and/or volunteers. The services may include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, testing, and referrals to other agencies as needed. I have received information about the services by CIS.
- ▶ I understand that CIS staff, service providers or volunteers can obtain confidential information, which may include information from, school records, financial information, public assistance status, test scores, medical information and questionnaires.
- ▶ I understand that the information collected on the CIS forms is maintained in a secure computer database and a case file. This information is used by CIS to document services provided to students and families to evaluate the CIS program. I also understand that CIS may use the information to verify CIS participants, update service information, and provide closure and follow-up information. I authorize CIS to maintain the information provided for the purposes noted above in the CIS computer database and case file.
- ▶ My child can participate in field trips and other activities sponsored by CIS. Private transportation may be used in these and other activities. In the event of the need for emergency medical care, CIS will follow the procedures of your child's school
- ▶ There will be direct interaction between my child and CIS staff and/or Volunteers and staff of CIS partnering agencies.
- ▶ Participation in interviews, tests, and surveys for students or program evaluation
- ▶ I release Communities In Schools of the Gulf South, Inc. and its employees, volunteers, or agents from liability for accidents, injuries, or illnesses that may occur to my child during my child's participation in the program.
- ▶ My child and I understand that we are voluntarily participating in the Communities In Schools of the Gulf South, Inc. program. This consent remains in effect until revoked by me in writing and given to the CIS Site Coordinator.

Parent/Guardian Name (Please print): _____

Address: _____ **City:** _____ **Zip:** _____

Telephone Numbers: (Home) _____ **(Work)** _____ **(Cell)** _____

Email Address: _____

May we use photographs or audio/ video picture(s) of my child for program purposes? YES NO

Parent/Guardian Signature: _____ **Date:** _____

Student's Name (Please Print): _____ **Student's Signature:** _____

Grade: _____ **Gender:** Male Female **Date of Birth (mm/dd/yy):** _____

Ethnicity (check one): African-American White Asian Hispanic
 Multiracial Native American Other, Please Specify: _____

Does your child currently qualify for free or reduced lunch at school?

Free Lunch Reduced Lunch Neither, the child/family pays full price for lunch

CIS Staff Signature: _____ **Date PC Received:** _____