



Parent/Guardian Consent Form

Communities In Schools (CIS) of Carrollton/ Carroll is an affiliate of the national Communities In Schools network, the nation's leading high school dropout prevention organization. The mission of Communities In Schools is to surround students with a community of support, empowering them to stay in school and achieve in life. We are committed to helping students achieve success in school by providing various academic and non-academic supports.

Dear Parent/Guardian:

Your son/daughter, _____, has been referred to Communities In Schools of Carrollton/Carroll. My name is Hannah Yates, and I will be your point of contact for any questions you may have about Communities In Schools and any supports we provide and/or arrange for your child. You may contact me at hyates@ciscarroll.org or (770) 362-3546.

Your consent is required for your child's general participation in Communities In Schools programs and any services that might be arranged for your child. Please complete the following:

I give permission for my child to participate in the CIS of Carrollton/Carroll program in the Carroll County school district while he/she is enrolled at Mt. Zion High School.

By providing my initials to the following items below, I authorize the following with regards to services:

- _____ I give permission for my child to participate in the CIS program. The supports provided by CIS or brokered by another provider may include but are not limited to educational support, tutoring, mentoring, enrichment activities, testing, supportive guidance/counseling and referrals to other agencies as needed. Supports provided by CIS to my child will be documented in a secure database for tracking and reporting purposes.
- _____ I give permission for my child to participate in surveys and/or interviews about his/her knowledge, attitudes or skills.
- _____ I give permission for my child to participate in field trips and other activities sponsored by CIS of Carrollton/Carroll. Private transportation may be used in these and other activities.
- _____ I give permission for routine or emergency medical or dental treatment by any licensed medical practitioner to be provided in the event of illness or accident if I am unable to be reached. I further state that I will not hold CIS of Carrollton/Carroll, Carroll County school district, or any other authorized work site, organization or agency liable for medical treatment in case of illness, accident or any other emergency situation.
- _____ To further my child's academic, personal and vocational development, I will participate in at least one parent-team conference and one phone call with a CIS site coordinator per year to discuss my child's progress.
- _____ Additionally, I give my permission to CIS of Carrollton/Carroll to photograph, film, video and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, video, sound recordings and/or other statements for educational and promotional/advertising materials.

By providing my initials to the following items below, I authorize the following with regards to the release of information about my child:

_____ I give permission for the Mt. Zion High or Carroll County School District to disclose my child's Educational Records to CIS of Carrollton/Carroll for the purposes of developing and modifying the support(s) provided to my child and to evaluate and determine the effectiveness of the program. My consent to release information is valid for as long as my child is enrolled in the Carroll County School District. My child's Educational Records will only be used as permitted under the Family Educational Rights and Privacy Act (FERPA) and will not be disclosed except as necessary by law. The data to be released include the following (please provide an initial for each category of information listed that you agree to be released to CIS of Carrollton/Carroll:

- _____ Attendance records
- _____ Behavior records
- _____ Grade reports, test scores and transcripts
- _____ Demographic information
- _____ Promotion/Retention/Graduation status
- _____ Free and reduced price lunch qualifications (if available and permitted by the school in which my child is enrolled)

I understand that all information pertaining to my child will be kept by CIS of Carrollton/Carroll in a secure database and/or case files. I understand that this information will remain confidential and that approved staff, volunteers or agents of <<CIS of Carrollton/Carroll will be able to access and view my child's data, along with designated data administrators at the CIS national office (Communities In Schools, Inc.) and appropriate state office << Communities In Schools of Georgia who have permission to manage the network-wide data management system. I understand that my child's responses will be automatically grouped together with the responses of other students for any public presentations of findings, and that my child will not be individually linked to his/her responses.



I understand that I have the right to request a copy of any of my children's educational records disclosed according to the conditions of this consent and that this consent is voluntary and may be revoked at any time by informing <<CIS of Carrollton/Carroll staff in writing. This consent will remain in effect and all actions performed based on my original granting of consent will be covered until the date when CIS is notified of my intention to revoke my consent.

By signing below, I agree to all of the terms in this Consent.

Name of Parent or Guardian (Printed)	Signature	Date
Home Telephone	Work Telephone	Mobile Telephone
Email Address		