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.

I specifically authorize the following:

1.  Release of confidential and identifiable information to CIS school teams and partnering agencies such as CISNC and CIS National (i.e. grades test scores, etc. to determine additional services needed.)

2.  Referrals to agencies for specific services as identified and needed.

3. CIS staff to communicate with me regarding program evaluation and student’s progress.

4.  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.

5.  Interviews, test and questionnaires for program evaluation.

6.  Participation in activities specified by the student’s individual plan.

7.  Participation in a one –on –one volunteer relationship as appropriate. (i.e. tutoring, mentoring, etc.)

8. 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 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.

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

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

Parent/Guardian Signature Date

**Pease 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_