



Parent Consent Form

I give permission for my son/daughter: _____ to participate in Communities In Schools (CIS) in the _____ school district for the _____ school year.

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, referrals to other agencies and as needed. I have received information about the services by CIS.
- ▶ **I understand that the Texas Education Agency Release of Information form must be signed.** This form is required by the Texas Education Agency (TEA) so that CIS staff, service providers or volunteers can obtain confidential information, which may include information from the TEA, 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.
- ▶ Routine or emergency medical or dental treatment by any licensed medical doctor may be provided in the event of illness or accident if I am unable to be reached. Emergency contact phone number: (____) _____
- ▶ My child is covered by a health care insurance? YES NO
- ▶ CIS may use photograph or video picture(s) of my child for program purposes? YES NO

Family Income

- \$0-\$14,999. \$15,000-\$19,999. \$20,000-\$29,999. \$30,000-\$39,999. \$40,000-\$49,999. \$50,000-\$59,999.
 \$60,000-\$69,999. \$70,000-\$74,999. \$75,000 or more

- ▶ Is your family receiving Temporary Assistance for Needy Families (TANF)? YES NO

If so please provide: TANF RECIPIENT # TANF Start Date: ____/____/____

I release Communities In Schools and its employees, volunteers, or agents from liability for accidents, injuries, or illnesses that may occur to my child during his/her participation in the program.

My child and I understand that we are voluntarily participating in the Communities In Schools program.

Parent/Guardian Name (Please print): _____

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

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

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

(Signature must be in ink)

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

**Communities In Schools, Corpus Christi, Inc.
Public Assistance Form**

Parent/Guardian: Please check off all forms of Public Assistance received by any household member. Thank You.

- None**
- Food Stamps**
- Free/reduced lunch**
- Medicaid**
- Public Housing**
- CHIP**
- SSI**
- TANF eligible family**
- TANF recipient**
- WIA participant**
- WIC**