

PARENTAL CONSENT

For School Aged Children in Foster Care



**Green Bay Area
Public School District**
Engagement. Equity. Excellence.

Name of Parent/Legal Guardian:	
Parent/Legal Guardian Address:	

Student Last Name	Student First Name	Student Date of Birth

I am the Parent/Legal Guardian of the above-named school-aged child(ren). I hereby authorize the school of each above-listed child to provide the Brown County Department of Human Services and the current **FOSTER PARENT** for each child access to any and all information needed to support my child(ren)'s education and progress in school, including, but not limited to: notices of meetings, individual educational programs (IEPs), progress reports, grades, class assignments, disciplinary problems, reports of unexcused absences, and access to electronic student records. I further authorize the **FOSTER PARENT** to communicate with school personnel regarding each of the above-listed child(ren). I further authorize the **FOSTER PARENT** for each of my children to attend school meetings, to appoint agents to provide safe delivery and pickup of my child(ren) to and from school, and to act as my child's Parent in my absence.

Name of Foster Parent:	Foster Parent Address:	Foster Parent City/State/Zip Code	Foster Parent Phone:

This delegation of authority to the **FOSTER PARENT** includes the following (*check all that apply*):

- Contact with school officials.
- Authorization for my child(ren) to participate in a school co-curricular program.
- Authorization for my child(ren) to participate in an in-state school sponsored field trip.
- Authorization to attend any school sponsored assembly or other program.
- Authorization to approve course selections.
- Authorization for the provision of special education services.
- Authorization for the provision of 504 accommodation plans.

I will continue to receive the following current information regarding my child(ren)'s school progress (*check all that apply*):

- IEP and 504 plans.
- Progress reports and report cards.
- Notices of all IEP meetings.
- Notices of all 504 meetings.
- Notices of any suspension, expulsion, truancy, or other disciplinary meetings or hearings.
- Notice of all parent-teacher conferences.

I will continue to have the right, unless limited by court order, to review and authorize the release of my child(ren)'s school records as may be appropriate. If the school fails to provide me access to the above-listed information, my current assigned social worker will advocate for me or will obtain such information or records on my behalf.

I understand that I may revoke this consent in writing at any time. I will hold all persons harmless who act in reliance on this consent. A copy of this consent shall be considered as valid as the original.

Date	Signature of Parent/Legal Guardian
Signature Witnessed By: _____	
Printed Name: _____	