

# PARENTAL CONSENT

## For School Aged Children in Out-of-Home Placements



<b>Name of Parent/Legal Guardian:</b>	
<b>Parent/Legal Guardian Address:</b>	

Student Last Name	Student First Name	Student Date of Birth

I am the Parent/Legal Guardian of the above-named school-aged child(ren). The purpose of this form is to support my child(ren) in school while my child(ren) are residing in an Out-of-Home Placement. I understand that I may still be an active participant and play an important role in my child(ren)'s education.

In order to communicate and share information to support my child(ren), I understand that pupil records and/or information may need to be shared with the \_\_\_\_\_ County Health and Human Services Department **and** the current **individual with whom my child(ren) listed above is residing with for the Out-of-Home Placement ("Out-of-Home Placement Parent")**. In order to do this, I give my consent to the Green Bay Area Public School District to share pupil records and/or exchange information regarding my child(ren) to these individuals.

I further authorize the current **Out-of-Home Placement Parent** to act on behalf of each child listed above to assist the Green Bay Area Public School District in providing to the educational and related services as required by law. I understand that this includes:

- Contact with school officials regarding educational decisions for my child(ren), including, but not limited to, such items as my child(ren)'s progress and disciplinary matters, truancy, immunization, and medical services received at school.
- Authorization to sign consent forms for my child(ren), including:
  - Authorization for the provision of special education services; and
  - Authorization for the provision of 504 accommodation plans.
- Attend school meetings.
- Make decisions regarding my child(ren)'s enrollment.

**I further understand that:**

- ***The signing of this Consent does not limit or in any way prevent me from receiving information or participating in my child(ren)'s education with the Green Bay Area Public School District.*** My ability to receive information or participate in my child(ren)'s education may, however, be limited by an order of the court.
- 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 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: _____	

**For School/Central Registration Use:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

IC Flag Created:    Yes    No             Filed in Cumulative Folder