

**Office 1**

**2025-2026**



1143 Delsea Drive • Westville, NJ 08093 • Phone: 856-812-6030 • Website: adsschool.org

**Community Based Instruction**

**2025-2026**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community-Based Instruction (CBI) is a vital instructional tool for students in our school. This instruction occurs in various community environments and provides students “real life experiences.” The goal is to provide a variety of hands-on learning opportunities that will allow our students to practice essential skills to become more independent. All activities in the community support post-secondary education, employment, life skills, and independent living goals.

I give permission for my child to participate in Community-based Instruction and to visit places within the community during school hours.
**AND**
I grant permission for the provision of medical care in the event of an injury or accident involving my child. Should my child require minor or major medical treatment for any reason, I understand that I will be contacted immediately in case of an emergency. Additionally, in the event of an unusual emergency while in the community, if it is necessary to contact 911, I will be contacted and provided with instructions for where to best connect with the first responders.

Hence, I assume full responsi­bility in granting yearly permission for my child and relieve the ARCHBISHOP DAMIANO SCHOOL AND THE DIO­CESE OF CAMDEN, NEW JERSEY and its Bishop of any liability with respect to these activities.

**Please Check One:**

\_\_\_\_\_\_ I ***give permission***for my son/daughter to participate in Community Based Instruction.

\_\_\_\_\_\_ I ***do not give permission*** for my son/daughter to participate in Community Based Instruction.

![16798_s7[1]]()Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Guardian/Other if applicable)

**This form must be on file in the school office prior to student’s participation**

**In community based instruction**