



## Parent/Guardian Consent Form

Partners Advancing Student Success (PASS) is a local non-profit organization that focuses on improving students' and schools' success by providing support and services to students with the goal of increasing graduation rates and keeping students on track to finish high school. The mission of Partners Advancing Student Success is: Building caring relationships to empower students for success. We are committed to helping students achieve success in school by providing various academic and non-academic supports.

Dear Parent/Guardian:

Your son/daughter, \_\_\_\_\_, has been referred to Partners Advancing Student Success (PASS). We are your schools' student advocate and we will be your point of contact for any questions you may have about PASS and any support we provide and/or arrange for your child.

Your consent is required for your child's general participation in any PASS services that might be arranged for your child. Please review the following before signing.

I give permission for my child to participate with the PASS in the Carroll County or Carrollton City school districts while he/she is enrolled at any Carroll County or Carrollton City Schools.

**By providing my signature, I authorize the following with regards to services:**

- I give permission for my child to participate in PASS services and supports. The supports provided by PASS or brokered by another provider may include but are not limited to educational support, tutoring, mentoring, enrichment activities, testing, supportive guidance/counseling and referrals to other agencies as needed. Supports provided by PASS to my child will be documented in a secure database for tracking and reporting purposes.
- I give permission for my child to participate in surveys and/or interviews about his/her knowledge, attitudes or skills.
- I give permission for my child to participate in field trips and other activities sponsored by PASS. Private transportation may be used in these and other activities.
- I give permission for routine or emergency medical or dental treatment by any licensed medical practitioner to be provided in the event of illness or accident if I am unable to be reached. I further state that I will not hold PASS, Carroll County or Carrollton City school districts, or any other authorized work site, organization or agency liable for medical treatment in case of illness, accident or any other emergency situation.
- To further my child's academic, personal and vocational development, I will participate in at least one parent-team conference in person or by phone with a PASS Advocate once per year to discuss my child's progress.
- Additionally, I give my permission to PASS to photograph, film, video and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, video, sound recordings and/or other statements for educational and promotional/advertising materials.
- I give permission for the Carroll County or Carrollton City School Districts to disclose my child's Educational Records to PASS for the purposes of developing and modifying the support(s) provided to my child and to evaluate and determine the effectiveness of the program. My consent to release information is valid for as long as my child is enrolled in the Carroll County/ Carrollton City School Districts. My child's Educational Records will only be used as permitted under the Family Educational Rights and Privacy Act (FERPA) and will not be disclosed except as necessary by law.
- I give permission for Free and reduced price lunch qualifications to be disclosed (if available and permitted by the school in which my child is enrolled).
- All information pertaining to my child will be kept by PASS in a secure database, (Infinite Campus) and/or case files. I understand that this information will remain confidential and that approved staff, or agents of PASS will be able to access and view my child's data, along with designated school district data administrators. I understand that my child's responses will be automatically grouped together with the responses of other students for any public presentations of findings, and that my child will not be individually linked to his/her responses.
- I understand that I have the right to request a copy of any of my children's educational records disclosed according to the conditions of this consent and that this consent is voluntary and may be revoked at any time by informing PASS staff in writing. This consent will remain in effect and all actions performed based on my original granting of consent will be covered until the date when PASS is notified of my intention to revoke my consent.

**By signing below, I agree to all of the terms in this consent form.**

\_\_\_\_\_  
Name of Parent or Guardian (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Mobile Telephone

\_\_\_\_\_  
Email Address