



## FAMILY CONSENT FORM FOR SERVICES



### PARENT INFORMATION

Parent/Legal Guardian Name:			
Phone Number:		Email Address:	
Eligibility:	<input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> SNAP/WIC <input type="checkbox"/> McKinney-Vento <input type="checkbox"/> Other If Other, please specify:		

### STUDENT INFORMATION

Student Name:		School:	
Student ID #:		Grade:	

### ASSOCIATED STUDENTS

Student Name:	Campus:	Grade:

### AGREEMENTS (please initial)

	I understand that by signing below I am providing consent to receive support services from the parent support specialist. I also understand that all services are confidential as allowable by school policy and state law.
	I understand that all services offered to me by the parent support specialist are voluntary and I can withdraw at any time.

**PARENT/LEGAL GUARDIAN SIGNATURE:**

**DATE:**

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**PARENT SUPPORT SPECIALIST SIGNATURE:**

**DATE:**

Linda C. Perez	August 2025
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**\*\*This form is only valid for the 2025-26 school year and will require renewal.**

PS Name (print): \_\_\_\_\_

School Year: **2025-2026**