



OSBORNE PARENT CONSENT FORM

Communities In Schools of Georgia in Marietta/Cobb County is an affiliate of the national Communities In Schools network. The mission of Communities In Schools is to surround students with a community of support, empowering them to stay in school and achieve in life. We are committed to helping students achieve success in school by providing various support services and enrichment experiences to meet academic and non-academic. As a result, our youth will be better equipped to find meaningful employment, lead productive, gratifying lives, and become contributing members of our society.

Dear Parent/Guardian:

Your son/daughter, _____ has been referred to Communities In Schools of Georgia in Marietta/Cobb County. My name is **Crystal Norwood** and I will be your point of contact for any questions you may have about Communities In Schools-related services and referrals. My phone number is **770-437-5900 ext. 1206**.

Your consent is required for your child's general participation in Communities In Schools programs and service referrals. Please complete the following:

I give permission for my son/daughter, _____, to participate in Communities In Schools of Georgia in **MARIETTA/COBB COUNTY** in the **COBB COUNTY SCHOOL DISTRICT** while he/she is enrolled in the **COBB COUNTY SCHOOL DISTRICT** or until I notify Communities In Schools of Georgia in Marietta/Cobb County in writing, of my desire to withdraw my student from Communities In Schools of Georgia in Marietta/Cobb County services.

By signing this Parent Consent/Release of Information, I authorize the following:

- I give permission for my child to participate in the program. The services may include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, testing, and referrals to other agencies as needed.
- I give permission for Communities In Schools of Georgia in Marietta/Cobb County personnel to serve my child at school, at locations outside school for relevant activities sponsored by Communities In Schools of Georgia in Marietta/Cobb County, and at home if school is closed. I give permission for Communities In Schools of Georgia in Marietta/Cobb County personnel to contact my child via telephone, app, or online via methods approved by the Cobb County school district.
- I give permission for my child to participate in field trips and other activities sponsored by Communities In Schools of Georgia in Marietta/Cobb County. 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 Communities In Schools of Georgia in Marietta/Cobb County, Cobb County school district or any other authorized work site, organization or agency liable for medical treatment in case of illness, accident or any other emergency situation.
- I acknowledge that this consent is voluntary and may be revoked at any time by informing Communities In Schools of Georgia in Marietta/Cobb County, in writing, except that prior consent will still apply to the extent that agencies have already taken action in reliance of it.
- I acknowledge that the release of records under this consent is subject to any limitations placed by federal and state law.
- I understand that the data and information collected on my child is maintained in a secure computer database and a case file. This information is used by Communities In Schools of Georgia in Marietta/Cobb County to document services provided to students and families for tracking and reporting purposes. I also understand that Communities In Schools of Georgia in Marietta/Cobb County may use the information to update service information, provide closure and follow-up information, and evaluate and determine the effectiveness of the program. I understand that data will be shared with the CIS state office evaluators for the purposes of evaluating the effectiveness of the

program and for reporting to granting agencies. I authorize CIS to maintain the information provided for the purposes noted above in the Communities In Schools of Georgia in Marietta/Cobb County computer database and case file.

This data collection may include, but is not restricted to the following:

- a. Enrollment status
 - b. Attendance
 - c. Behavior records
 - d. Demographic information (race/ethnicity, gender, etc.)
 - e. Grade reports, test scores and transcripts
 - f. Surveys and/or interviews about his/her/their knowledge, attitudes or skills.
- I understand that this information will remain confidential, and that only approved staff, volunteers or agents of Communities In Schools of Georgia in Marietta/Cobb County, including the CIS of Georgia evaluation department, will be to access and look at my child's data, and along with designated data administrators at the CIS national office (Communities In Schools, Inc.) who have permission to manage the network-wide data management system.
 - I also understand that my child's progress and responses will be automatically grouped together with that of other students for any reports or public presentations of findings, and that my child will not be individually linked to his/her progress or responses.
 - I acknowledge that I have the right to inspect and that I can obtain a copy of any record released by this consent upon request in writing to the releasing agency, subject to any applicable copying costs and legal limitations.
 - I give my permission to Communities In Schools of Georgia in Marietta/Cobb County 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.
 - To further my child's academic, personal and vocational development, I will participate in at least two parent-team conferences per year to discuss my child's progress (through either a home visit or a school visit).
 - If your child is currently receiving services through Medicaid, he/she may be eligible for additional services and supports via referral through Communities In Schools of Georgia in Marietta/Cobb County. If your child is enrolled in Medicaid and you would like Communities In Schools of Georgia in Marietta/Cobb County to refer your child to additional supports through your Medicaid provider, please indicate which of the following Medicaid Care Management Organizations (CMOs) is your provider:

Amerigroup

WellCare

Peach state Health Plan

CareSource

Don't Know Who My Provider Is

Not Enrolled in Medicaid

Name of Parent or Guardian (Printed)

Signature

Date

Home Telephone

Work Telephone

Mobile Telephone

Email Address