



Parent/Guardian Consent Form

Term of Consent: 2023 – 2024 School Year

Communities In Schools (CIS) of Indiana is an affiliate of the national Communities In Schools network, the nation's leading high school dropout prevention organization. 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 academic and non-academic supports. CIS of Indiana believes that transformative relationships are the key to unlocking a student's potential. To this end, we are committed to prioritizing the values of diversity, equity, and inclusion in the work we do in and out of school buildings. It is only this recognition of the humanity and respect for the unlimited possibility that exists in each of our students that will contribute to an increasingly just community where we can break down immediate and systemic barriers to create and sustain equitable outcomes for all.

Your consent is required for your student's general participation in Communities In Schools programs and any services that might be arranged for your child. Please complete the following:

I give permission for my student, _____, to participate in Communities In Schools of Indiana programs and services in the partnering school district while he/she is enrolled in his/her current school or until I notify CIS, in writing, of my desire to withdraw my student from CIS services.

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

- I give permission for my student to participate in the CIS program. The supports provided by CIS 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 CIS Indiana to my student will be documented in a secure database for tracking and reporting purposes.
- I give permission for my student to participate in surveys and/or interviews about their knowledge, attitudes, or skills. I also understand that my student's responses on surveys will be automatically grouped together with the responses of other students for any public presentations of findings and that my student will not be individually linked to his/her responses.
- I give permission for the school/district to share my student's Educational Records to CIS of Indiana for the purposes of developing and modifying the support(s) provided to my student. My consent to release information is valid for the duration of the time that CIS Indiana utilizes the database. My student'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. **The data to be released include the following:**
 - Attendance records, Behavior records, Grade reports, Test Scores and transcripts, Demographic Information, Enrollment Status/Promotion/Retention/Graduation Status/Free, and reduced-price lunch qualifications-if available and permitted by the school in which my student is enrolled.
- I acknowledge that all information pertaining to my student will be kept by CIS of Indiana in a secure database and/or case files.
- I understand that this information will remain confidential, and that approved staff, volunteers, or agents of CIS of Indiana will be able to access and view my student's data, 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 understand that I have the right to request a copy of any of my student'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 information CIS of Indiana 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 CIS is notified of my intention to revoke my consent.

By providing my initials to the following item below, I authorize the following:

- ☐ Additionally, I give my permission to CIS of Indiana to photograph, film, video, and/or make sound recordings of my student, to quote or publish statements of my student, and to use such photographs, films, video, sound recordings and/or other statements for educational and promotional/advertising materials.

By signing below, I agree to all of the terms in this Consent.

Name of Parent or Guardian

Date