
STUDENT SAVVY

CLUBS

CONSENT FOR SOCIAL-EMOTIONAL SUPPORT SERVICES

I, _____, give consent for my child,
(Name of Parent/Guardian)

_____, D.O.B. ____/____/____,
(Name of Student)

to receive support services at _____
(Name of Attending School)

Students Current Grade: _____ Teacher: _____ Room Number: _____

Parent/Guardian's Signature

Date

Parent/Guardian's Email and Phone Number

Student's Signature (12 years and older)

Date