

# Parent Permission Form

I permit my child \_\_\_\_\_ to be part of the Student Assistance Program (SAP) at Charleroi Elementary Center during the \_\_\_\_\_ school year. I understand that the ESAP Team will be collecting school-based information i.e. grades, attendance, etc., about my child from teachers, guidance counselor, principal and possibly other staff members. All collected information will be handled in a confidential manner.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Daytime phone number \_\_\_\_\_

***PLEASE RETURN AS SOON AS POSSIBLE IN THE ENCLOSED SELF-ADDRESSED ENVELOPE***