

## School Based Youth Services CONSENT TO RECEIVE SERVICES

Student's Name: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Lives with: Mother Father Stepmother Stepfather Grandmother Grandfather No Adults Other Adult

Demographic Information - Please check all boxes that apply for students:

Race:

- White  Black/African American  Asian  
 Hawaiian Native/Pacific Islander  
 American Indian/Alaskan Native

Ethnicity:

- Hispanic or Latino\*  
 \*a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race

Gender:

- Male  Female  Non Binary

Are you or your family receiving public assistance, SSI, free/reduced lunch?  Yes  NoDo you have health coverage?  Yes  No

The goal of the School Based Youth Services Program (SBYSP) is to assist students to stay in school and make the most of their educational experience. The program provides a comprehensive set of services to teenagers on a one-stop shopping basis in an accessible location within GCIT. These services include, but are not limited to: individual, family, and group mental health counseling, substance abuse education and counseling, recreational activities, career/employment guidance, leadership opportunities, referrals for care beyond the school and mental health care. The SBYSP is a grant funded program by the Department of Children and Families.

I consent to have the above-mentioned services provided by SBYSP. I also provide consent for my child to be photographed for media publication, and to participate in SBYSP surveys to determine the effectiveness of our services.

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 Date

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 Signature of Parent/Guardian (Student Signature if over 16)

**\*\*Please return this when you attend the Orientation Day on August 21st or 22nd.\*\***