SY 2026-2027

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

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.

_____ _____

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

****Please complete this form and return it with the summer packet.****