IU5 ELECT Program
Education Leading to Employment and Career Training

Program Office: 252 Waterford Street Edinboro, PA 16412
Phone: (814) 734-8467 Fax: (814) 734-2306

PARENT/GUARDIAN PERMISSION FORM

TO: Parents / Guardians

FROM: IU5 ELECT Program

SUBJECT: Parent Permission for Program Participation

We have received a referral for your daughter / son to join the IU5 ELECT Program for pregnant and parenting students. In order for us to work with your daughter / son we need your signed permission. Please complete this form and return it to the school/organization personnel that you received it from (nurse, school counselor, principal, doctor, WIC staff) or the IU5 ELECT PROGRAM. We look forward to working with your child and family. If you have any questions, please contact us at (814) 734-8467. Thank you for your permission and participation.

I, the parent / guardian of (please print) ________________________________,
give my permission for my child to take part in the IU5 ELECT Program, a grant funded program operated through the PA Department of Human Services and the PA Department of Education. I understand and approve that s/he will be meeting periodically with the IU5 ELECT case managers at the designated site for the school district as well as have quarterly home visits from the ELECT staff. The staff will offer support, educational opportunities, and referrals to community services. I understand that the IU5 ELECT Program will share my child’s information with its grantor for statistical and program evaluation purposes.

Print Parent / Guardian Name ____________________________ Signature Parent / Guardian Name ______________ Date __________

Please circle student’s county of residence: Clarion, Crawford, Erie (outside the City of Erie), Forest, Venango, or Warren

Name of the school the student attends: ________________________________

I also give permission for the following (please initial each statement):

______ For my child to attend classes for pregnant and parenting students

______ For my child to be photographed / videotaped during program events

______ For the above named student-parent’s child to be photographed / videotaped during program events

This program is funded through the obtainment of competitive grants.

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