

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)	U5 ELECT Program, a grant funded program op artment of Education. I understand and approv gers at the designated site for the school disti aff will offer support, educational opportunition	ve that s/he will be rict as well as have es, and referrals to
Print Parent / Guardian Name	Signature Parent / Guardian Name	 Date
Please circle student's county of residence Venango, or Warren Name of the school the student attends:		rie), Forest,
I also give permission for the following (please initia	l each statement):	
For my child to attend classes for pregnant a	and parenting students	
For my child to be photographed / videotape	ed during program events	
For the above named student-parent's child	to be photographed / videotaped during progra	m events
This program is funded thro Rev. 11/16/15	ough the obtainment of competitive grants.	