

Site: _____

GLOUCESTER COUNTY SPECIAL SERVICES SCHOOL DISTRICT

1340 TANYARD ROAD • SEWELL, NJ 08080
TELEPHONE: (856) 468-6530 x1053 • FAX: (856) 468-0851

McKINNEY-VENTO REGIONAL EDUCATION PROGRAM

FOR STUDENTS IN GLOUCESTER, CAMDEN, AND ATLANTIC COUNTIES

This is to verify that, for as long as my child(ren) is/are eligible for Gloucester County Special Services School District, McKinney Education Program services. I give permission to the Gloucester County Special Services School District McKinney Education staff or representative to provide supplemental tutoring, and health and supportive services to my child(ren), and to transport them for those services, if necessary:

<i>Name</i>	<i>Gender</i>	<i>Date of Birth</i>	<i>Local Student I.D. NJ Smart (SID)</i>	<i>School</i>	<i>Grade</i>

I am willing to assume full responsibility for my child(ren)'s safety in connection with McKinney Education-funded or related activities.

I also hereby authorize the public or private school district as well as vision, health and dental service providers to release to the Gloucester County Special Services School District McKinney Program all records relating to my child(ren), including academic, medical and/or Child Study Team information.

Signature of Parent/Guardian

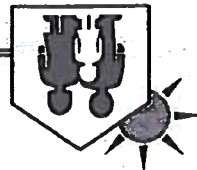
Date

Parent's/Guardian's Names: _____

Present Address: _____

Present Phone Number: _____

School District: _____



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