

PARENTAL PERMISSION FOR ELWYN ACT 89 SERVICES

2011 - 2012

(Please Print)

CHILD'S NAME _____ SEX _____ DATE OF BIRTH _____
 LAST FIRST

SCHOOL NAME/CODE Cornerstone Christian Academy / 1978 GRADE _____

This form is intended to provide consent for students to receive Act 89 Auxiliary Services for Nonpublic School Students. Parents/Guardians are requested to read this form and to indicate consent for their child to receive Act 89 Services. Parents/Guardians are encouraged to communicate with Elwyn staff. When family, school and support services work together students are more likely to be successful in school.

CONSENT TO ACT 89 SERVICES

I am the Parent/Guardian of the above listed child; I hereby consent for my child to receive, as necessary, Act 89 Services from Elwyn's Nonpublic School Programs.

I understand that these Act 89 Services are coordinated under the direction of the School Principal/Administrator, who will determine how the Services are allocated. Act 89 Services may include one or more of the following: classroom observation, review of school records, consultation with school personnel, counseling/guidance, education, psychology, speech/language, vision, orientation and mobility.

I understand that to support my child's educational plan, professional reports generated in connection with the Act 89 Services will be shared with school personnel. I understand that no Elwyn records or report will be forwarded to any agency or subsequent school without my written permission unless required to comply with applicable law or a court order.

I understand that Act 89 Services may be provided within my child's school, in an Elwyn trailer or at Philadelphia Elwyn. I consent to the transportation of my child to a trailer and/or to Philadelphia Elwyn for the purpose of receiving Act 89 Services.

This consent shall be valid from September 6, 2011 to June 29, 2012. However, consent may be withdrawn at any time by contacting the Elwyn Nonpublic School Programs in writing and by telephone at (215) 895-5545.

PARENT/ GUARDIAN NAME (PLEASE PRINT) _____

 SIGNATURE OF PARENT OR GUARDIAN

 RELATIONSHIP TO CHILD

ADDRESS (Please include ZIP CODE)

() _____ () _____ () _____
 HOME PHONE WORK PHONE EMERGENCY PHONE DATE FORM SIGNED

For Staff Use Only

Entry Code	Prev. Serv.	Staff Name/Code	Date of Enroll	Exit Code	Exit Date	# of Sessions	Ind./ Grp.	Times Seen Per wk. / mo.
								__ wk __ mo
								__ wk __ mo
								__ wk __ mo
								__ wk __ mo
								__ wk __ mo
								__ wk __ mo
								__ wk __ mo
								__ wk __ mo
								__ wk __ mo
								__ wk __ mo

Screening Results: _____ Passed _____ Failed