



Family School Liaison Worker

FORM-250-1

Consent Form

Parent Request and/or Consent for Family School Liaison Worker Services

Student Name: _____ **DOB:** _____
School: _____ **Grade:** _____

As you are aware from contact with school staff, your child, _____ is experiencing
(Student's name)
emotional, behavioral or social concerns and difficulties.

The purpose of the Family School Liaison Worker's support is to help your child develop the strategies and skills s/he needs to resolve and deal with these problems and to develop the social skills s/he needs to be successful in school.

I, _____ parent/guardian of _____
(Parent/guardian's name) (Student's name)

grant permission for my child to receive services from the Family School Liaison Worker.

Signature of parent or guardian

Date

This consent is in effect until such time as I formally withdraw it or until services are concluded.

The Personal Information Collected is under the authority of Wetaskiwin Regional Public Schools and will be used to determine appropriate services to be provided to your child. The *Freedom of Information and Protection of Privacy (FOIPP) Act* which came into effect in School Boards on September 1, 1993, sets controls and standards on how public bodies, such as school boards, collect, use and disclose personal information that is in their custody and under their control. Any personal information you do provide is protected under The *Freedom of Information and Protection of Privacy (FOIPP) Act* and will only be used for purpose for which it was collected.

If you have questions about the collations, use or disclosure of information collected on this form, please contact the WRPS FOIP Coordinator at 5515 – 47 A. Ave., Wetaskiwin, AB T9A 3S3. The phone number is (780) 352-6018 and the fax number is (780) 352-7881.