



Dear Parent/Guardian

My name is **Naomi Hitchcock** and I am the Site Coordinator for **Communities In Schools (CIS) of Georgia** at **Rothschild Leadership Academy**. Communities In Schools (CIS) is a non-profit organization that provides supportive services to students and their families. Our mission is to surround students with a community of support, empowering them to stay in school and achieve in life.

We are pleased to invite your child to participate in our CIS program. CIS is dedicated to meeting the needs of our children through a team of professionals working together to provide supportive services which include:

- *Academic Support*
- *Mentoring and Advocacy*
- *Family Support and Assistance*
- *Incentive/Reward Program for Improvement and Participation in School Activities*

You and your scholar can expect to receive:

- *One –on-one Scholar Support*
- *Family Advocacy Support*
- *Opportunities and Incentives for Parent Involvement*
- *Exposure to Activities to Motivate Positive Behavior, Academic Achievement and Increased Attendance*

All CIS services are provided at **NO COST** to the students or their families. We believe that your child will benefit from active participation in the CIS program. There is limited space available in this beneficial program. We encourage you to complete and return the attached Parent consent form and return it to the school within five days of receiving this notice.

Written consent is required before your child can participate in any CIS activities. Please feel free to contact me if you have any questions at the number below or at [**nhitchcock@cisgeorgia.org**](mailto:nhitchcock@cisgeorgia.org). Thank you and we look forward to working with you and your child.

Sincerely,

A handwritten signature in black ink that reads "Naomi Hitchcock". The signature is fluid and cursive, written in a professional style.

Naomi M. Hitchcock
CIS Site Coordinator
Rothschild Leadership Academy
1136 Hunt Avenue, Columbus, GA 31907
Phone 706-569-3709, **Fax** 706-569-3717
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PARENT CONSENT FORM

Communities In Schools of Georgia is an affiliate of the national Communities In Schools network, the nation's leading dropout prevention organization. The mission of Communities In Schools is to surround students with a community of support, empowering them to stay in school and achieve in life. We are committed to helping students achieve success in school by providing various support services and enrichment experiences to meet academic and non-academic. As a result, our youth will be better equipped to find meaningful employment, lead productive, gratifying lives, and become contributing members of our society.

Dear Parent/Guardian:

Your son/daughter, _____ has been referred to Communities In Schools of Georgia. The Site Coordinator will be your point of contact for any questions you may have about Communities In Schools-related services and referral.

Your consent is required for your child's general participation in Communities In Schools programs and service referrals. Please complete the following:

I give permission for my son/daughter, _____, to participate in Communities In Schools of Georgia (CISGA) in the Muscogee County school district while he/she is enrolled at any participating Muscogee County School or until I notify CISGA, in writing, of my desire to withdraw my student from CISGA services.

By signing this Parent Consent/Release of Information, I authorize the following:

- I give permission for my child to participate in the program. The services may include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, testing, and referrals to other agencies as needed.
- I give permission for my child to participate in field trips and other activities sponsored by CISGA. Private transportation may be used in these and other activities.
- I give permission for routine or emergency medical or dental treatment by any licensed medical practitioner to be provided in the event of illness or accident if I am unable to be reached. I further state that I will not hold Communities In Schools of Georgia, Muscogee County School District, or any other authorized work site, organization or agency liable for medical treatment in case of illness, accident or any other emergency situation.
- I acknowledge that this consent is voluntary and may be revoked at any time by informing CISGA staff, in writing, except that prior consent will still apply to the extent that agencies have already taken action in reliance of it.
- I acknowledge that the release of records under this consent is subject to any limitations placed by federal and state law.
- I understand that the data and information collected on my child is maintained in a secure computer database and a case file. This information is used by CISGA to document services provided to students and families for tracking and reporting purposes. I also understand that CISGA may use the information to update service information, provide closure and follow-up information, and evaluate and determine the effectiveness of the program. I authorize CIS to maintain the information provided for the purposes noted above in the CISGA computer database and case file.

This data collection may include, but is not restricted to the following:

- a. Enrollment status
- b. Attendance
- c. Behavior records
- d. Demographic information (race/ethnicity, gender, etc.)
- e. Grade reports, test scores and transcripts
- f. Surveys and/or interviews about his/her/their knowledge, attitudes or skills.
- I understand that this information will remain confidential, and that only approved staff, volunteers or agents of CISGA will be to access and look at my child's data.
- I also understand that my child's responses will be automatically grouped together with the responses of other students for any public presentations of findings, and that my child will not be individually linked to his/her responses.
- I acknowledge that I have the right to inspect and that I can obtain a copy of any record released by this consent upon request in writing to the releasing agency, subject to any applicable copying costs and legal limitations.
- I give my permission to CISGA to photograph, film, video and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, video, sound recordings and/or other statements for educational and promotional/advertising materials.
- To further my child's academic, personal and vocational development, I will participate in at least two parent-team conferences per year to discuss my child's progress (through either a home visit or a school visit).

Name of Parent or Guardian (Printed)

Signature

Date

Home Telephone

Work Telephone

Mobile Telephone

Email Address