



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. 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, with the first name being more prominent.

Naomi M. Hitchcock
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Rothschild Leadership Academy
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PARENT CONSENT FORM

Communities In Schools of Georgia in Muscogee County is an affiliate of the national Communities In Schools network. 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 in Muscogee County. I am the Site Coordinator and I will be your point of contact for any questions you may have about Communities In Schools-related services and referrals.

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 in Muscogee County in the **MUSCOGEE COUNTY SCHOOL DISTRICT** while he/she is enrolled in the **MUSCOGEE COUNTY SCHOOL DISTRICT** or until I notify Communities In Schools of Georgia in Muscogee County in writing, of my desire to withdraw my student from Communities In Schools of Georgia in Muscogee County 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 Communities In Schools of Georgia in Muscogee County personnel to serve my child at school, at locations outside school for relevant activities sponsored by Communities In Schools of Georgia in Muscogee County, and at home if school is closed. I give permission for Communities In Schools of Georgia in Muscogee County personnel to contact my child via telephone, app, or online via methods approved by the Muscogee County school district.
- I give permission for my child to participate in field trips and other activities sponsored by Communities In Schools of Georgia in Muscogee County. 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 in Muscogee County, 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 Communities In Schools of Georgia in Muscogee County, 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 Communities In Schools of Georgia in Muscogee County to document services provided to students and families for tracking and reporting purposes. I also understand that Communities In Schools of Georgia in Muscogee County may use the information to update service information, provide closure and follow-up information, and evaluate and determine the effectiveness of the program. I understand that data will be shared with the CIS state office evaluators for the purposes of evaluating the effectiveness of the program and for reporting to granting agencies. I authorize CIS to maintain the information provided for the purposes noted above in the Communities In Schools of Georgia in Muscogee County computer database and case file.

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

- Enrollment status
- Attendance
- Behavior records
- Demographic information (race/ethnicity, gender, etc.)
- Grade reports, test scores and transcripts
- 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 Communities In Schools of Georgia in Muscogee County, including the CIS of Georgia evaluation department, will be to access and look at my child's data, and along with designated data administrators at the CIS national office (Communities In Schools, Inc.) who have permission to manage the network-wide data management system.
- I also understand that my child's progress and responses will be automatically grouped together with that of other students for any reports or public presentations of findings, and that my child will not be individually linked to his/her progress or 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 Communities In Schools of Georgia in Muscogee County 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).
- If your child is currently receiving services through Medicaid, he/she may be eligible for additional services and supports via referral through Communities In Schools of Georgia in Muscogee County. If your child is enrolled in Medicaid and you would like Communities In Schools of Georgia in Muscogee County to refer your child to additional supports through your Medicaid provider, please indicate which of the following Medicaid Care Management Organizations (CMOs) is your provider:

Amerigroup WellCare Peach state Health Plan CareSource Don't Know Who My Provider Is Not Enrolled in Medicaid

Name of Parent or Guardian (Printed)	Signature	Date
Home Telephone	Work Telephone	Mobile Telephone
Email Address		