



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, ATLANTIC, AND BURLINGTON 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 district staff or representatives to provide supplemental instructional health and supportive services to my child(ren).

<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 to release to the Gloucester County Special Services School District McKinney Program all records relating to my child(ren), including academic, health and dental information.

Signature of Parent/Guardian_____
Date

Parent's/Guardian's Names: _____

Present Address: _____

Present Phone Number/email address: _____

School District: _____

The McKinney-Vento Program may be able to provide assistance in the following areas. Please check areas of need, if any:

___ Backpack/School Supplies

___ Temporary Transportation to/from School

___ Tutoring

___ Counseling

___ Advocacy Services