

(October 2009)

**Annapolis Valley Regional School Board
LEGAL GUARDIAN CONSENT FOR STUDENT SERVICES**

Student Information:

Name: _____ DOB: _____

School: _____ Homeroom Teacher: _____

Phone (H): _____ Legal Guardian(s): _____

Person Initiating Referral: _____

Consent:

I, the legal guardian of the above-mentioned student, give permission for him/her to receive services through the Student Services Department of the Annapolis Valley Regional School Board. This service may include assessment, consultation, and/or programming by the Resource Teacher, Program Advisor, or Speech-Language Pathologist.

I understand that I will be kept informed as to the services provided, and information discussions will be held between me and appropriate school personnel.

No information will be released outside the school system without my written consent.

This consent applies only to the current school year.

Legal Guardian Signature: _____ Date: _____