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**Informed Consent for: LAC**

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| Student Name: | Date: |
| Current School: | Program: LAC 1 @ |

School personnel must complete this form with parent/guardian prior to parent accepting/declining the Offer of Placement. **Please check off each point, as it is explained to Parent/Guardian**. Translation may be needed.

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| Parent/Guardian is aware: | Parent/Guardian |
| * of the program criteria and student profile as shared directly by program staff; | □ |
| * that program placement is reviewed annually; | □ |
| * that program placement may end if the student is absent more than 20 consecutive school days. Prior to removal, program staff will contact the parent/guardian by phone, email, or mail; | □ |
| * that if program placement ends due to high absences, parent/guardian need to re-register at their child’s catchment high school or VLN; | □ |
| * that bus service is not offered; | □ |
| * that they may withdraw from the program at any time (mid year, for example) and return to their catchment school, if there is room; | □ |
| * that they may decline the offer and attend their catchment high school. | □ |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print parent/guardian’s name) have read and I understand the program information above and,

□ Consent to my child being enrolled in the above Program.

□ Decline the offer of placement for the above Program.

PARENT/GUARDIAN Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL BASED CASE MANAGER Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_