



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, AND ATLANTIC 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 Gloucester County Special Services School District McKinney Education staff or representative to provide supplemental tutoring, and health and supportive services to my child(ren), and to transport them for those services, if necessary:

<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 as well as vision, health and dental service providers to release to the Gloucester County Special Services School District McKinney Program all records relating to my child(ren), including academic, medical and/or Child Study Team information.

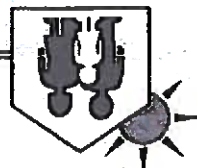
\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date

Parent's/Guardian's Names: \_\_\_\_\_

Present Address: \_\_\_\_\_

Present Phone Number: \_\_\_\_\_

School District: \_\_\_\_\_



GLoucester County Special Services School District

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Signature of Parent/Guardian

Date

Parent's/Guardian's Names:

Present Address:

Present Phone Number:

School District: