

Montclair Neighborhood Development Corporation

Parental Consent Form

Project Oasis Student Support Program

(POSSP)

Dear Parent or Guardian:

In order for your child to participate in the **Project Oasis Student Support Program**, it is necessary to obtain your consent and involvement. As you are aware, **POSSP** will assist your child in obtaining a positive, productive and safe suspension period while absent from the **Montclair High School**. It is important to note that your child's participation is based upon an agreement between yourself and the Montclair Neighborhood Development Corporation (MNDC). If you have any questions please call 973-744-9094.

Name of Child _____ Birth Date: _____

Address: _____

City/State: _____ Zip Code _____

School: _____ Grade: _____

Parent's Telephone Number _____

Physician's Name: _____

Physician's Telephone Number: _____

Physician's Address: _____

Emergency Contact Person _____

Address: _____

Relationship to Student: _____

Phone: Home _____ **Work** _____

In connection with my child _____ I agree to his/her participation in the POSSP Program and other services offered by MNDC. I hereby agree and consent to the following:

- I understand that this agreement is between MNDC and myself and will terminate at the conclusion of the program.
- You acknowledge and are aware that all MNDC services are voluntary.
- I agree to permit MHS to release information, such as, attendance record, grades, previous infractions/suspensions, etc.
- I understand that my child will participate in all academic and life skill programs.
- I am aware that records of this program will be kept confidential and will not be shared without my consent.
- I agree to allow MNDC staff, to refer you to the appropriate community agencies and to communicate with these agencies, to which you were referred, should the need arise.

Signature of Parent/Guardian: _____ Date: _____

Signature of Witness: _____