

New York State regulations require that we seek consent from you in order for direct services such as these to be delivered to your child(ren) in the school setting. Therefore, included with this letter is a consent form for you to sign, date and return to your child's school at your earliest convenience indicating whether you consent to have your child(ren) receive such services from the consultants.

You will receive subsequent information and contact information from the Military & Family Life Consultant assigned to work at your child's school.

We at Indian River are very excited to have this valuable resource for our students, staff and you as parents and hope that you will utilize the resources of these personnel.

If you have any questions about these services, you may contact the building principal or pupil services staff at your child's school.

Sincerely,

James Kettrick Superintendent of Schools

INDIAN RIVER CENTRAL SCHOOL DISTRICT MILITARY & FAMILY LIFE CONSULTANT RELEASE

New York State regulations require that your written consent be sought prior to the provision of any direct consulting services to your child or children in the school setting.

I, the undersigned, fully understand that my child may receive direct, consulting services from a Military & Life Family Consultant in the school setting during school hours or on field trips or during other school sponsored activities. I willingly give permission for my child to have such services. I realize that the District and school staff will not knowingly provide complete or detailed information about my child or our family without first seeking further consent for release of such detailed information to the Military & Life Family Consultant. Student Name: School Building: Teacher Name: ☐ I give permission to Indian River Central School District to have my child receive direct, consulting services from the Military & Family Life Consultant. I also understand that I have a right to refuse this release. ☐ I do not give permission to Indian River Central School District to have my child receive direct, consulting services from the Military & Family Life Consultant. Parent/Guardian's Name: Address: Parent Signature: Date: