

STUDENT PARENTING PROGRAM

A County Assistance Office Contractor of Services, also known as ELECT Program.

Program Office: 816 Park Ave North, Erie, PA 16502

Phone: (814) 874-6461

PARENT/GUARDIAN PERMISSION FORM

The Student Parenting Program is a contractor for County Assistance and supports pregnant, expecting, and parenting clients (male and female) with their dual role as a student and parent. We provide school and home based support services that assist with:

- Basic Needs Stabilization & Resources
- Prenatal Education
- Parenting Education
- Academic & Career Planning

In order for us to work with your daughter or son we need your signed permission. Please read the information below, complete this form, and return it to the SCHOOL NURSE, or the STUDENT PARENTING PROGRAM. We look forward to working with your child and family. If you have any questions, please contact us at (814) 874-6461. Thank you for your permission and participation.

I, the parent/guardian of (please print) _____,
give permission for my child to take part in the ELECT Student Parenting Program, a grant
funded program operated through the PA Departments of Human Services and Education.

I understand and approve that s/he will be meeting periodically with the Student Parenting
Program Staff at school, at home, and in the community.

I understand that the Student Parenting Program will share my child's information with its
grantor for statistical and program evaluation purposes.

I understand that the Student Parenting Program is a contractor for County Assistance and
that Program Staff will require my child to complete a Family Works Application, and if/when
applicable, verify employment, program enrollment, and/or participation in activities.

I also give permission for my child to attend field trips for programs such as those listed
below and, when available, allowed to be transported by the Student Parenting Program:

- **Pregnancy Education, Breastfeeding, and/or Preparation for Labor Classes**
- **Other educational programs and events sponsored by the Student Parenting Program**
- **Events or appointments relating to the client's pregnancy or parenting role**

Date

Print Name (print)

Signature

Check here if client has completed this form on their own behalf because they are at least 18 years of age at enrollment.