

Parent / Guardian Consent Form

Dear Parent / Guardian:

Your child, _____, has been referred to the Ivy Tech iGrad program.

iGrad is a graduation coaching program providing support services and enrichment experiences to meet your child's academic, health, and human service needs, all designed to help your child succeed in school.

Your permission is required for your child's general participation in the program. Please sign this form to grant your consent.

I understand that the program might include the following:

1. Holding interviews, testing, and questionnaires for student or project evaluation purposes.
2. Access to my child's school records (attendance, incidents of misbehavior, numeric grades for each nine week grading period, and standardized test scores (e.g., ISTEP, GQE, ECA).
3. Release of confidential information to qualified professional staff as needed.
4. Referrals to other agencies for specific services.
5. Authorization for my child to be transported to field trips, appointments, meetings, and other activities.
6. Participation in services specified in my child's individualized student plan.
7. Emergency medical or surgical treatment from a local hospital or by any licensed health practitioner or dentist in the event of illness, accident, or other emergency, if I am unable to be reached.
8. Public relations activities including interviews, photos, and videotaping.

I agree to not hold iGrad, the school district, or participating organization or agency responsible for medical treatment in case of illness, accident or any other emergency situation.

I agree to policies and regulations of Bartholomew County School Corporation/Flat Rock-Hawcreek School Corporation and Ivy Tech Community College, I understand that if I knowingly provide false information, my student's enrollment in iGrad may be revoked. Additionally, I authorize the release of information between Ivy Tech Community College and the Middle School/High School/Education Center and the respective staff of each for the purpose of educational attainment assistance, other assistance, research, evaluation, financial assistance, and student status and/or transfer opportunities.

Parent / Guardian Information (please print):

Name:	
Address:	
City / State / Zip:	
Telephone:	
Email:	

I give permission for my child to take part in the iGrad program.

Signature of Parent / Guardian: _____ Date: _____

If over 18 years of age, I agree to the guidelines above and also authorize release of information to my parents/legal guardian(s).

Signature of Student _____ Date: _____

