



Parent/Guardian Consent Form

Dear Parent/Guardian:

Your son or daughter has been selected participate in one of the programs of Springfield School Volunteers (SSV). On occasion, SSV is required to share information with funders about the progress of students receiving support through its programs. Additionally, individual volunteers working with students often ask for information about those students for the sole purpose of promoting academic success and providing assistance and support.

At times your child may be asked to complete surveys to help us evaluate the benefits and effectiveness of our programs and services. Your child's information will be kept confidential. Only a summary of results from multiple student surveys will be shared or used to help us strengthen the program.

Occasionally, SSV photographs or videotapes students participating in its programs and uses those images for public relations or recruitment purposes.

Springfield Public Schools Data Sharing Consent:

By signing below I, _____, the authorized parent/guardian of
PARENT/GUARDIAN NAME (Print)

_____, authorize Springfield School Volunteers
STUDENT NAME/ STUDENT ID/LUNCH NUMBER (Print)
to share written information on my child's participation and performance in his/her assigned volunteer program with the Springfield Public Schools. Further, I authorize Springfield Public Schools to disclose information in my student's record, including but not limited to my child's enrollment, attendance, behavior and academic performance with Springfield School Volunteers.

I understand that the purpose of allowing this information to be shared between Springfield Public Schools and Springfield School Volunteers is to enable both Springfield School Volunteers and the Springfield Public Schools to improve the quality and alignment of services and education for my child. I also understand that the shared information will be stored in a secure, password-protected electronic database maintained by the Springfield Public Schools and only accessible to those with authorized access.

I understand that Springfield School Volunteers will generally disclose only non-identifiable aggregate student data that may include information regarding my child. However, I further understand that Springfield School Volunteers may disclose data specific to my child only with the volunteer with whom my child is working.

In the event my child is no longer enrolled in the Springfield Public Schools or ceases participation in SSV's programs or services, within a reasonable period of time both organizations will terminate all information sharing about my child. Both organizations will also terminate any information sharing about my child if I revoke this authorization in writing and delivered to Springfield Public Schools and Springfield School Volunteers.

Please sign and initial on the next page.

PARENT/GUARDIAN CONSENT

_____ I give permission for my child _____ to participate in an SSV program.
STUDENT NAME (Print)

_____ SSV and/or my child's volunteer may have access to my child's academic data.

_____ My child may complete program evaluation tools at the request of SSV.

_____ My child may be photographed/videotaped and those images may be used by SSV for public relations or recruitment purposes.

_____ My child's first name may be included in print with his/her image.

_____ I understand and agree with the information included in the Springfield Public Schools Data Sharing Consent section above.

The statement below applies to male students only:

_____ In the event that a male mentor is not available, my male child may be matched with a female adult.

Parent/Guardian Name (Print) _____ Date _____

Parent/Guardian Signature _____ Contact number(s) _____

E-mail: _____ **Phone:** _____