



THIS FORM MUST BE RETURNED
Parent Consent Form
Winnebago Lutheran Academy

*The American Academy of Pediatrics recommends that all youth have an emotional health screen on a yearly basis.

Please complete this form and have your child return it to his/her teacher by _____.

Teacher _____

I have read and understand the description of the Fond du Lac Area YScreen Program.

_____ I would like my child to participate in the Fond du Lac Area YScreen Program.

_____ I do not want my child to participate in the Fond du Lac Area YScreen Program because:

_____ Special needs: i.e. physical, language, education, interpreter needed.

Explain: _____

Student's Name (Print): _____ **DOB:** _____ **M F**

Parent/Legal Guardian's Name (Print): _____

Parent/Legal Guardian's Signature: _____ **Date:** _____

Parent Information

Please provide the following information so we can contact you if necessary:

Address: _____ **Home #:** _____

_____ **Work #:** _____

_____ **Cell #:** _____

Parent E-mail Address: _____

Best way to be contacted during school hours: Home ____ Work ____ Cell ____ email ____ text ____