



SUSSEX COUNTY TECHNICAL SCHOOL  
School Based Youth Services Program - The Student Center



Permission to Participate in Student Center Activities  
2020-2021

This form provides permission for your child to participate in School Based Youth Services Program (SBYSP) or "Student Center" activities. See areas below for specific consents. This consent is valid until your child no longer attends Sussex Tech. It may be rescinded at any time in writing.

I/We \_\_\_\_\_ give \_\_\_\_\_  
(please print parent/guardian name(s)) (please print student name)

permission to participate in the following:

**Recreation:** Our recreational program runs each day that school is open: in the morning prior to homeroom, during lunches, and after school until late buses arrive with some exceptions. We may run periodic trips for which you would receive additional permission slips.

\_\_\_\_\_ Yes, he/she may participate \_\_\_\_\_ No, he/she may not participate \_\_\_\_\_  
(Signature of parent /guardian)

**Counseling:** Our counseling program is open and free to any student enrolled at Sussex Tech. There are times when a child has an unforeseen crisis emerge that may require immediate assistance. It is our general policy to see students in such situations on a "one-time only" basis in an effort to assess their needs and perhaps provide comfort, support, or other referrals. This requires your consent below. We keep most information confidential, with certain exceptions.\* If you feel you would like your child to be able to access these one-time services, kindly indicate this in the space provided. If your child requires continued counseling support, you will be notified by us and a separate consent for ongoing treatment should be needed at that time.

\_\_\_\_\_ Yes, he/she may participate \_\_\_\_\_ No, he/she may not participate \_\_\_\_\_  
(Signature of parent /guardian)

\*Please note that if, at any time, a student indicates to us that they are in danger of hurting themselves or someone else, or that someone is hurting them, we are required to report this to the appropriate outside agencies which can provide resources on behalf of the child or general public's best interest. I understand that where I have indicated a positive or "yes" response, my child will be able to access those services until they are no longer eligible either through graduation or by termination of enrollment with this school for any other reason. A negative or "no" response will **prohibit** your child from receiving Student Center Services.

\*Be advised that students 16 and older may consent for their own counseling confidentiality. Please initial here \_\_\_\_\_

NOT RESPONDING TO THIS FORM WILL INDICATE THAT YOUR CHILD CANNOT ACCESS THESE SERVICES AND WILL BE TURNED AWAY. YOUR CHILD CAN ONLY PARTICIPATE WITH YOUR WRITTEN CONSENT. CONSENT MAY BE REVOKED AT ANY TIME IN WRITING.

**BUSING:** The Student Center is open M-F from 2:30-5:00pm. Late buses are available **subject to change due to COVID19 guidelines**. Pick up times must be strictly adhered to. If a student is picked up late more than twice, the student will not be allowed to participate in after school Student Center activities.

Clinician: \_\_\_\_\_  
One Time Use Date: \_\_\_\_\_  
MIS: \_\_\_\_\_