

**Student Connection Center SBYS**  
**CONSENT & REGISTRATION FORM**

**Student Information**

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  Other

Ethnicity:  Black  White  Hispanic(Latino)  Asian  Multi-Racial  Other: \_\_\_\_\_

Family Size (parents/dependents residing in the household): \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_

**Parent/Guardian Information**

Name \_\_\_\_\_  Mother  Father  Guardian

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_  Mother  Father  Guardian

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Guardian:  Mother and Father  Only Mother  Only Father  Joint Guardianship  Other \_\_\_\_\_

Adults living with student:  Mother  Father  Stepmother  Stepfather  Grandparent(s)  Other \_\_\_\_\_

**The following Questions are required by our State Grant funders as part of our Grant funding.**

Does your family currently receive any state supported supplemental services?  YES  NO

(Ex. DYFS, TANF, Food Stamps, Health Insurance, etc?)

Unknown  Prefer to not answer

What type of medical insurance do you have? Please circle one:

(Medicaid / NJ Family Care / Private / Other: \_\_\_\_\_ / Do not know)

Family Employment Status:  Employed  Unemployed  Not in labor force

Is the student eligible for free or reduced lunch?  Yes  No

**Parental/Guardian Consent**

The **Student Connection Center's** mission is to provide an array of services (Mental Health Counseling, Academic Support, Recreational Activities, etc.) to our students in a warm, supportive, and professional environment. Our goals are to enable our youth to complete their education and become well- rounded healthy individuals. Participation in any of our services is voluntary. **Consent and registration are required.** School policies and procedures apply to all trips.

While I consent to having services provided to my child by the SBYSP, I do not want him/her to be provided with the following services:

\_\_\_\_\_

I consent to allowing my child to be photographed during recreational activities or events for promotional purposes and to participate in School Based Program questionnaires to determine the effectiveness of our services.  YES  NO

**I give permission for my child to receive services offered by the Student Connection Center SBYSP beginning today until he/she is 18 years old or is no longer enrolled in Clayton Public Schools. This also includes any virtual learning platforms if necessary.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_