



**BOYS & GIRLS CLUBS
OF CENTRAL MISSISSIPPI**

PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Programming at the Boys & Girls Clubs of Central Mississippi.

I fully understand that programming involves tacking progress in many areas, including but not limited to academic progress. Our goal is for EVERY member to graduate from high school on-time with post-secondary plans with goals and a path to achieve them.

I understand that during the course of the program Club staff will need information regarding my child's grades. This will help staff to measure my child's success and/or help them make needed adjustments for my child to be successful in school.

I give the Boys & Girls Clubs of Central Mississippi permission to obtain my child's academic, attendance and behavioral records from my child's school and/or school district.

(Signature of Parent/Guardian)

Date _____

(Printed name of Parent/Guardian)

(School Name)