



782 Springdale Drive, Exton, Pennsylvania 19341 • Phone: 484-266-1000 • www.wcasd.net

### Behavioral Health Screening Parent Consent Form

Please return this form **by January 18, 2019** to let us know whether you want your child to participate in the screening.

Please have your child return their permission slip to their grade level guidance counselor.

**7<sup>th</sup> Grade-Ms. Bernadette Simpson (Office #207)**  
**8<sup>th</sup> Grade-Ms. Malina Bowen (Office #107)**

I have read and understand the description of the Behavioral Health Screening offered at J.R. Fugett Middle School **to be given on 1/29/19 for 7<sup>th</sup> grade and 2/5/19 for 8<sup>th</sup> grade.**

I would like my child to participate in the Behavioral Health Screening.

I do **not** want my child to participate in the Behavioral Health Screening.

Parent/Legal Guardian's Name (Print): \_\_\_\_\_

Student's Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If your child will be participating, please provide the following information so we can contact you if necessary:

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best times to reach you:

1. \_\_\_\_\_ Tel. #: \_\_\_\_\_
2. \_\_\_\_\_ Tel. #: \_\_\_\_\_