



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 18th, 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.

I have read and understand the description of the Behavioral Health Screening offered.

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. #: _____