



FOND DU LAC AREA
YScreen

THIS FORM MUST BE RETURNED

Parent Consent Form

Central Wisconsin Christian School

*The American Academy of Pediatrics recommends that all youth have an emotional health screen on a yearly basis.

Please complete this form and have your child return it to their teacher by: _____

Teacher _____

I have read and understand the description of the Fond du Lac Area YScreen Program.

_____ I would like my child to participate in the Fond du Lac Area YScreen Program.

_____ I do not want my child to participate in the Fond du Lac Area YScreen Program
because: _____

_____ Special needs: i.e. physical, language, education, interpreter needed.
Explain: _____

Student's Name (Print): _____ **DOB**: _____ **M F**

Parent/Legal Guardian's Name (Print): _____

Parent/Legal Guardian's Signature: _____ **Date**: _____

Parent Information

Please provide the following information so we can contact you if necessary:

Address: _____ **Home #**: _____
_____ **Work #**: _____
_____ **Cell #**: _____

Parent E-mail Address: _____

Best way to be contacted during school hours: Home ____ Work ____ Cell ____ Email ____ Text ____