



A brochure with information about the YScreen Program has been provided. Additional information, including details about the screening process, FAQs, outcome data, and student testimonials is available at www.csifdl.org/yscreen (or scan QR code on right).



Please complete & return this form as soon as possible.

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

School: _____

Please check one:

I would like my child to participate in the Fond du Lac Area YScreen Program.
Explain any special needs (i.e. physical, language, education, interpreter needed, etc.)

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

Parent/Legal Guardian Name (Print): _____

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

Address:

Cell #: _____
Home #: _____
Work #: _____

Parent Email Address: _____