



# North East Independent School District

Family Resource Center 8438 Ahern Dr. San Antonio, Texas 78216

School-Age Parenting  
Ofc. (210) 442-0640  
Fax (210) 442-0644

## SCHOOL-AGE PARENTING PROGRAM

### PARENT PERMISSION FORM

#### ELIGIBILITY GUIDES FOR EACH YEAR UNTIL GRADUATION

1. North East resident AND enrolled in a North East School
2. Pregnant OR Parenting (male or female)
3. Enrolled in Teen Parenting Class or sequential parenting classes
4. Enrolled in a Career/Technology class
5. Attend school on a regular basis
6. Satisfactory progress in school classes

#### SERVICES AVAILABLE AS NEEDED

- \_\_\_\_\_ Child Care tuition assistance (funds are limited)
- \_\_\_\_\_ Summer School tuition assistance
- \_\_\_\_\_ Transportation when needed for pregnancy/parenting services
- \_\_\_\_\_ Case Management
- \_\_\_\_\_ Specialized health services
- \_\_\_\_\_ Individual, group, and family counseling
- \_\_\_\_\_ Referrals to appropriate community agencies
- \_\_\_\_\_ Compensatory Education Instruction (Postnatal)

\*ALL FINANCIAL ASSISTANCE IS BASED ON AVAILABILITY OF FUNDS

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I have reviewed the pregnancy related services and want my son/daughter \_\_\_\_\_, to be eligible for the School-Age Parenting Program. I understand that to remain eligible for Pregnancy Related Services, all six guidelines listed above must be satisfied each year until graduation.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I \_\_\_\_\_, do hereby authorize release of records containing information concerning me and/or my child's circumstances to the NEISD School-Age Parenting Program.

I hereby grant permission for the NEISD School-Age Parenting Program to obtain medical information which may assist in developing a case plan which will best meet my needs.

\_\_\_\_\_  
Signature of School-Age Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age