



Girls Group Permission Form

Family Information

Name(s) of Participant:		D.O.B _____	
_____		D.O.B _____	

Address: _____	City: _____	Zip: _____	
Participant Cell Phone # _____			
Email Address _____			
Parent or Legal Guardian: _____			

Address if different than the child: _____			
Parent/Guardian Cell Phone# _____			
Email Address: _____			
Home/Other Phone# _____			

School Information

Current School & Grade: _____	Current GPA
_____	_____
_____	_____
Power School Username: _____	Password: _____
Name of guidance counselor: _____	
Does your child(ren) receive free or reduced lunch? _____	
Other education-related issues or services: _____	



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Emergency and Medical information

In case of Emergency Contact:	_____
Personal Physician, clinic, or medical service used:	_____
Medical problems, allergies, medications etc.	_____

I understand that the Girls Group includes outings and activities for enrichment and socializing. I also understand that the Girls Group includes discussions about specific issues pertinent to girl's lives and development such as; substance abuse, sexual health/ education, relationships, and conflict resolution.

I understand that all Girls Group in-school programs are facilitated and run by Girls Group staff with the support of interns. In-school programs take place during lunch or an elective period or after school.

I understand that Girls Group programming may include transportation by staff in their personal vehicles. This **DOES NOT APPLY TO IN-SCHOOL** programs.

In case of medical emergency, Girls Group Staff or site supervision personnel has permission to act on my behalf, including contacting emergency services.

I will also notify the Girls Group Staff immediately if my child has any medical problems or is taking any type of medication.

I give permission to Girls Group and related organizations to use any photos and videos of me for agency publications and promotional material.

Signature of parent or guardian

Date



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Girls Group is a nonprofit organization, and participation is free for all young women involved. Girls Group is dependent on grant funding, and this requested data is a requirement for this funding. Please note that all information is completely confidential, and will not affect participation in any way.

Including yourself, how many people live in your household?

Please check applicable box:

Household Income:

*We understand that this information changes and is difficult to forecast. Please answer to the best of your ability, as it applies to your family currently.

- | | |
|---|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$46,000-\$55,999 |
| <input type="checkbox"/> \$10,000- \$15,999 | <input type="checkbox"/> \$56,000-\$65,999 |
| <input type="checkbox"/> \$16,000-\$25,999 | <input type="checkbox"/> \$66,000-\$75,999 |
| <input type="checkbox"/> \$26,000-\$35,999 | <input type="checkbox"/> \$76,000 or more |
| <input type="checkbox"/> \$36,000-\$45,999 | |

Race of Girls Group participant:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian & White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Black & White |
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> American Indian & Black |
| <input type="checkbox"/> Native Hawaiiin or Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial |

Ethnicity of Girls Group participant:

- Hispanic or Latina
 Non-Hispanic or Latina

Head of Household:

- | | |
|---|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Other Relative(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Two-Parent | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Other: _ |

Please check if any of the following apply:

- Female Head of Household
 Household with Child Under 6
 Physical or Health Impaired
 Veteran



STUDENT EDUCATIONAL RELEASE

To Washtenaw County Schools:

My child, _____ is a participant in Girls Group. As a participant in Girls Group, Girls Group will monitor my child's academic performance and serve as liaison to the School Faculty in matters that concern my child's educational or emotional performance.

I am requesting that the school release any information pertinent to my child's educational experience, including access to my child's Power School account and school records. I also give permission for Girls Group to discuss confidential information with the guidance counselor or other school staff.

Parent (Print)

Parent (Sign)

(Date)