



**Student Registration and Parental Consent Form**  
**Consent to Receive Services Provided by the School Based Youth Services Program (SBYSP)**

The SOURCE is committed to supporting the **mental health, well-being, and educational success of all students**. We build public and private partnerships to ensure quality services that are effective, culturally appropriate and responsive to the diverse, changing needs of students and their communities. We fulfill our mission through best practices in comprehensive counseling services, prevention programming, advocacy, academic support, employment services, family engagement, basic need fulfillment, public education/forums and collaboration with community partners. All SOURCE programs are free.

**Student Information**

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity:  Black/African American  White  Hispanic (Latino)  Asian  Multi-Racial  Other:

**Parent/Guardian Information**

Name \_\_\_\_\_  Mother  Father  Guardian

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have Health Insurance? Y N Name of Provider: \_\_\_\_\_

Is your child eligible for Free and Reduced Lunch? Y N Unsure

Does your family currently receive any state supported supplemental services?  YES  NO

(Ex. DYFS, TANF, SNAP, etc?)

Participation in any of our services is voluntary. Consent and registration are required. School policies and procedures apply to all trips. While I consent to having services provided to my child by the SBYSP, I **DO NOT** want him/her to be provided with the following services (Please check)

\_\_\_\_ Counseling/Telehealth \_\_\_\_ Recreation \_\_\_\_ Preventive Health Care \_\_\_\_ Tutoring  
\_\_\_\_ Reproductive/Family Planning \_\_\_\_ Animal Assisted Interventions with Certified Therapy Dog (Riley)

I consent to allowing my child to be photographed during activities or events for promotional purposes (print and virtual) for the SBYSP, SOURCE Foundation and RBRHS and to participate in School Based Program questionnaires to determine the effectiveness of our services.  YES  NO

I give permission for my child to receive services offered by The SOURCE at Red Bank Regional High School SBYSP beginning today until he/she is 18 years old or is no longer enrolled at Red Bank Regional High School. The SOURCE collaborates with other departments to ensure continuity of care. By submitting your email you are consenting to receive electronic information from the SOURCE and the SOURCE Foundation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_