# **WARRIOR RUN SCHOOL DISTRICT**

***SPECIAL EDUCATION***



**4800 Susquehanna Trail**

**Turbotville, PA 17772**

**570-649-5138**

 **Cathy Grow**

 ***Transition Coordinator***

 August 12, 2016

Dear parents/guardians,

You are receiving this permission slip because your child participates in the Work Internship program at Warrior Run. As an internship student, your child will be going on meet and greets at their work placement, traveling back and forth to their work placement being driven by a Warrior Run High School employee in district vehicles. We will be going on outings to meet with their peers in the Milton School District program for incentive trips and visitations to possibly other work sites. You will still be notified that your child will be leaving the building to attend one of these events; however, I am asking all parents/guardians to sign for your approval to allow Warrior Run High School staff to transport your child just in the event I am not able to get in contact with you. I do not want any of the students to miss out on any of these opportunities mentioned above.

By signing this permission slip below, I am consenting that my child may be transported by Warrior Run School District employees to participate in transition program opportunities; such as, incentive field trips with the students from Milton Area School District, to and from work placements in the community, vocational visitations in the community, and transition conferences in other school districts. This permission slip gives consent for transportation during the entire 2016-2017 school year.

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date



Also, by signing below, you are giving permission for your child to attend a transition clinic that will occur during the 2016-2017 school year. During this clinic, agencies will discuss ways in which they can support your child after graduation. Your attendance is not required but I would highly recommend that you attend. You will receive a letter in the mail that states the date, time and room number that the transition clinic will occur.

**PARENT PERMISSION FOR RELEASE OF CONFIDENTIAL INFORMATION FOR PURPOSES OF EMPLOYMENT, TRAINING, OR TRANSITION PLANNING**

I grant permission for the Warrior Run School District to release my child’s records, including health records and psychological and achievement testing, for the purposes of employment, training and/or referral to community agencies involved in transition planning.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian(s) Date

Sincerely,

Cathy S. Grow

Transition Coordinator

Warrior Run School District