

Monroe City Schools
2009 Auburn Avenue
Monroe, LA 71201
Phone: (318)-387-6511 Fax: (318) 387-1365

Verification of Service Provider and Parent Permission for Student Access

Student: _____ Date: _____

School: _____

Service Provider Name: _____

Agency name and phone #: _____

Agency Fax#: _____

This is to certify that the person listed above has been verified as a service provider for this student and that the student's parent has given approval for the provider to have access to his/her child, on the school campus, during school hours.

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE SCHOOL PRINCIPAL OR HIS/HER DESIGNEE:

Based on a review of the student's school schedule, the following are acceptable times during which the student may be provided with services from the agency (**students may not be called for during core academic subjects**):

Teacher name(s): _____

Planning period(s): _____

Principal

Director of Child Welfare

*This letter is to be maintained by the student's service provider. It should be presented to office staff in order to request access to the student. The school should maintain a copy on file and provide a copy for the parent.