



## CHAMINADE HIGH SCHOOL

340 JACKSON AVENUE • MINEOLA, NEW YORK 11501-2441  
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### CONSENT FOR COMMUNICATION

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

I consent to having the Nassau BOCES School Psychologist and the faculty at Chaminade High School Share information about my child with:

Agency/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

I understand that my consent is voluntary and can be withdrawn at any time. This consent is given for all modes of communication.

Printed Name of Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_