## **WRAP** permission form

The WRAP Program is committed to providing the best service possible.

I have read the information in the WRAP brochure (and/or had it explained to me). I agree to allow my student to be enrolled in the WRAP program throughout their time at

(this includes the summer of their last year).

If at any time you would like to stop WRAP services for your student, you can contact your student's assigned WRAP specialist or the WRAP Team Leader.

The WRAP Specialist will keep all non-academic information about your family and student confidential, unless you sign a release or where it is required to report by Kansas law.

If you would like your WRAP specialist to be able to share non-academic information with school staff and have access to your student's PowerSchool information a Release of information (ROI) will need to be signed. Please return the ROI along with this permission form to the WRAP specialist at school.

| Student name                              |
|---|
| School Name                               |
| Parent/legal guardian (please print name) |
| Signature of parent/legal guardian        |
| <br>Date                                  |