

# FCSS

Family Community Support Services



## Family School Liaison Program Referral Form

P.O. Box 1260, Banff, Alberta T1L 1A1

[www.banff.ca](http://www.banff.ca)

Student Name:		DOB:
Parent's / Guardian's Name:		
Street Address:		
Post Box:	City:	Postal Code:
Home Phone (Mother)		Work Phone (Mother)
Home Phone (Father)		Work Phone (Father)
Email:		
Sibling names & ages:		

School: \_\_\_\_\_ Teacher/Advisor: \_\_\_\_\_

Referred by: \_\_\_\_\_

1. Please describe what event(s) or situations have led to this referral.

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2. How do you see the Family School Liaison Worker helping with this situation?

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## Family School Liaison Program Consent and Information Release Form

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Student Name:	Grade:
School:	
Teacher:	

### Information Release:

I \_\_\_\_\_, authorize the Family School Liaison Program of the Town of Banff, Family Community Support Services to share pertinent information, updates and strategies with others on a need-to-know basis. This includes:

Person	School/Agency	Authorization:	Initial
		? Yes ? No	_____
		? Yes ? No	_____
		? Yes ? No	_____
		? Yes ? No	_____

\_\_\_\_\_  
Custodial Parent/Guardian Signature(s)

\_\_\_\_\_  
Date