



**Haverhill Public Schools**  
**STRONG Program**

*The **STRONG** (Screen, Triage, Referral, Ongoing support, Navigation and Growth) Program:*

I grant permission for my child to participate in the services provided by the STRONG Program.

**Student's Name** \_\_\_\_\_

\_\_\_\_\_ **Yes**, I give permission for my child to receive STRONG services

\_\_\_\_\_ **No**, I do not wish for my child to receive STRONG services

\_\_\_\_\_  
**Parent/Guardian Name (print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Contact Information:**

(please identify your preferred method of communication)

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

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