

Parent/Legal Guardian Consent Form

Required For Participation

- ☐ I grant permission for my student to participate on Student Success Agency's Winbox mobile app and software platform where my student has the option to connect and engage with services through channels such as text messaging, direct messaging, phone, email, video chat exchanges, as well as through other similar communication and support tools.
- ☐ I grant permission for my student's conversations with their Agent to be monitored and/or recorded for the safety purposes outlined above.
- ☐ I grant permission for my student's contact information to be masked within Student Success Agency's system.

**no personal contact information is shared through our encrypted software platform.

Optional Participation

- ☐ I grant permission for my student's social media platforms to be exchanged with their Agent.
- ☐ I grant permission for my student's successes, testimonials, photos, and videos to be included in SSA's website, social media, etc for the purpose of highlighting my student's participation in SSA.

Student Information

Legal First & Last Name

Date of Birth
(MM/DD/YYYY)

Male / Female
Sex at birth (circle one)

Cell Number

School Name

Grade Number (circle one) 7 8 9 10 11 12 Graduate _____
Graduation Year

Parent/Legal Guardian Information

Legal First & Last Name

Cell Number

Home Address

Signature

* Address is provided for use only by our Safety Specialists in the event of an emergency and will not be shared to any 3rd party or anyone in SSA without administrative clearance.

For more information about Student Success Agency, please visit www.studentsuccess.co/parents

STUDENT SUCCESS
AGENCY