

INTAKE PACKET TABLE OF CONTENTS AND GUIDE:
High School/English Version 2025/26 school year

Attached is the intake packet for the Stamford High Domus Knights/Westhill Domus Vikings program in its entirety. If you print out this one document and get all the attached pages returned signed, you will have all the signatures we need from families and much of the information you need to have a productive year.

It is important to get everything done in either one or two visits. It is MUCH easier to get all the signatures now, because if you don't, you will need to reach out again to families to get them, which is frustrating and time-consuming for both you and your families.

Attached to this is the English version of the intake packet; please make sure to use the Spanish version for Spanish-speaking families.

This packet requires that you get **7 signatures** from parents/guardians.

Parents/guardians are permitted to make the decision for MOST documents whether they want to give permission. We need to be clear that if parents do not sign permission for the first form (program participation) and for the SPS SR-7 form and the Data Permission form, their students cannot be enrolled in the program. We need their permission for their student to participate, and we need access to the data for us to effectively support students. For all other forms, they may participate in the program even if the form is not signed, though if they do not give permission, we will not be able to provide that service. For example, if a parent does not sign the transportation document, we cannot transport a young person to and from school or anywhere else. Parents will have to provide transportation, or students will have to figure it out on their own.

Please make sure to fill each form out completely and legibly, including dates. Please make sure to sign where a witness is needed. Many Family Advocates find it helpful to fill out information that is known before meeting with the family.

**PLEASE BRING A PEN WITH YOU TO THE FAMILY'S HOME;
SIGNATURES IN PENCIL ARE UNACCEPTABLE.**

A lot of the documents attached are self-explanatory, but just in case you need further explanation a short guide follows:

Program Participation Permission 1st signature required:

This form **MUST** be signed for the young person to participate in our program. Before this form is signed, the young person cannot participate. Once the form is signed, the young person is a program participant and should be entered into Salesforce.

Driver Parent/Guardian Release 2nd signature required:

This release gives us permission to transport young people on an on-going basis. Please make sure you also sign this form.

Photo Releases 3rd and 4th signatures required:

The reason there are 2 of these is because both partners in this initiative require their own release for photos, and it is much easier to get these now than later if we need them.

SR-7 Release of Information 5th signature required:

This is the Stamford Public Schools Release form. It **MUST** be signed for the student to participate in the program. Please note we want the family to give permission for SPS to release/share information with Domus for purposes of FA program. Please also make sure to check off all the boxes. This form gives us permission to collect data on our students.

Data Permission 6th and 7th signature required:

Two signatures are required on this form. These signatures **MUST** be obtained for the student to participate in the program. This form gives us permission to talk with teachers and other school staff and to access data ourselves from the Powerschool platform. Please make sure families sign this form in two different places.



Program Participant Permission

Domus is excited to share a collaborative initiative with you, the Domus Knights/Domus Vikings program. Through our programs and in partnership with Stamford Public Schools, Domus Family Advocates will be working at SHS and WHS (and Anchor, SPS' alternative school for students who move there from SHS or WHS) to provide in-depth support focused on attendance and behavior to help your child succeed in high school. The attendance and behavior interventions will be reinforced through family communication, continuous check-ins with students, goal-setting, action-planning, and help remove obstacles, all tailored to the individual needs of each student. Each young person will meet with their Family Advocate 30 minutes per week. We also check in with families at least one time per month. The program will support your child throughout their high school career.

This program is voluntary: We would love to have your child participate, but you can decline participation at any time.

By signing this form, you are also giving permission for your child to participate in our drop-in center program at 83 Lockwood Avenue in Stamford.

Print Guardian Name

Parent/Guardian Signature

Date

Guardian Phone Number

☐ By checking this box, you agree to receive text messages from Domus informing you of upcoming events. Message & data rates may apply. Message frequency will average 7-8 messages annually. Reply STOP to cancel.

Student Print Name

Student Phone Number

Family Advocate Name

Date



**Driver Parent/Guardian Release
Domus Knights/Domus Vikings Programs**

I _____, give permission for my child to be transported in a motor vehicle driven by a Domus Kids staff member. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult.

I have read, understand, and discussed with my child that:

- They will be traveling in a motor vehicle driven by an adult, and they are to wear their seatbelt while traveling.
- They are expected to respect each other, the vehicles they ride in, and the people they travel with.
- Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions, or acts by riders, other drivers, or objects.
- They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Domus, its Board of Trustees, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print legibly):

Date

Parent/Guardian Signature

Family Advocate Name (please print legibly)

Family Advocate Signature



**PARTICIPANT PHOTOGRAPH/VIDEO RELEASE FOR
DOMUS KNIGHTS/DOMUS VIKINGS PROGRAMS**

To accurately tell the story, have photos displayed in our programs, give students the opportunity to have photos of themselves, and to obtain funding for our programs, we periodically take pictures of our activities. We ask that you sign this form to allow us to show these pictures to others.

I do hereby give my consent and release to Domus and their successors and assign the rights to copy, photograph, or otherwise use the likeness, pictures, quotes, and descriptions of my child.

Print Guardian Name

Date: _____

Parent/Guardian Signature

Print Student's Name

P.O. Box 9310
Stamford, CT 06904
Administrative Offices
888 Washington Blvd.
Phone: (203) 977-4105

Dr. Tamu Lucero
Superintendent of Schools



**PARENT/GUARDIAN PERMISSION FOR
STUDENT PARTICIPATION IN MEDIA EVENT**

To Whom It May Concern:

I give my son/daughter/ward _____ (name)

permission to be photographed, videotaped and/or interviewed as part of the
media activity described below:

Parent/Guardian Signature

Date

Please return to:

Initiating School or Department _____



Stamford Public Schools Contact Title and Date

SR-7

CONSENT FOR RELEASE/EXCHANGE OF INFORMATION

1. This form should be filled out:
 - a. Whenever a student withdraws from a school or program Form SR-7 must be given to the parent or legal guardian.
 - b. When any information identifiable to a particular student is requested by an agency outside the Stamford Public School system, Form SR-7 must be completed.
 - c. When parents request copies of records for themselves or outside agencies.
2. Form SR-7 can only be completed by the student over 18, the parent or legal guardian.
3. The original is to be placed in the student's cumulative folder for non-handicapped students.
4. The original is to be placed in the student's PPT folder for handicapped students.
5. A copy of completed Form SR-7 is to be given or sent to parent.
6. A copy of completed Form SR-7 is to accompany the record to the agency.
7. The name of the staff member in whose presence Form SR-7 is completed — or receiving the completed Form SR-7 — is to be recorded before any record is released.
8. The release must be recorded on Form SR-9, Log of Access.



*Please let us know if you need this document translated.
Déjenos saber si usted desea que este documento sea traducido.
Tanpri, fê-n konnen si-w bezwen dokiman sa-a an Kreyòl*

**CONSENT FOR THE CITY OF STAMFORD, STAMFORD PUBLIC SCHOOLS
AND DOMUS KIDS, INC. TO SHARE STUDENT INFORMATION
SCHOOL YEAR 2025/2026**

The City of Stamford and the Stamford Public Schools (collectively “SPS”) is working with Domus Kids, Inc. (“Domus”) to place family advocates at certain district schools. Domus is a community organization independent of the SPS. Working collaboratively with SPS, Domus provides family advocates to support students at Stamford High School, SPS Middle Schools, Anchor and Westhill High School. Both SPS and Domus will utilize non-traditional ideas for helping students on the Domus Family Advocates’ caseload find success. These ideas include, but are not limited to, allowing students the opportunity to earn credits through on-line credit recovery, permitting a weekly time during the school day for making up work, and figuring out creative ways to connect students to extracurricular activities.

A component of this program is frequent communication between parents/guardians, Domus staff, SPS teachers and other staff. The sharing of information informs academic instruction, measures progress, and provides program feedback. An example of this is the sharing of academic report cards to track student academic progress and achievements.

Type of Data Shared: Student’s personally identifiable information, report cards, age, grade, classroom information, academic progress, homework assignments, status in the free/reduced meal/milk program (signing this form will NOT change whether your children receive free or reduced-price meals or free milk), assessments, reports, special education status and records, 504 plan status and records.

Check if additionally applicable: ☒ **Medical** ☒ **Psychiatric/Mental Health**
☒ **Behavioral** ☒ **Other (specify): transcripts and attendance data**

Purpose: To increase the student’s potential for success, both in school and at the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings); to inform instruction; to measure progress; to make determinations about other supports that may be available for your child.

Parties: This information may be shared between the City of Stamford, SPS, and the staff and volunteers of the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings).

Duration: This authorization shall remain in place through the current academic year and summer term.

I understand that I may revoke this authorization at any time by providing a written notice of revocation to the SPS with a copy to the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings).

YES, I DO want to share my child's personally identifiable information, including the status of my child's free/reduced meal/milk application, if applicable, with the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings). Further, I authorize this information be shared between SPS, the City of Stamford, and the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings) throughout this academic year and summer term. I understand that I may revoke this authorization at any time by providing a written notice of revocation to the SPS with a copy to the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings). I also agree that a photocopy of this form shall be as valid as the original. This is for 2025/26 school year.

Please print clearly:

Child's Name: _____

Grade: _____ School: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date Signed: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

E-mail: _____

IN ADDITION, the ability to access your child's Power School records directly will allow the Community Partner (Domus Kids, MS FA program, Domus Knights and/or Domus Vikings) to access your child's data quickly and in real time. This will be used to inform instruction. This will allow the Community Partner (Domus Kids, MS FA program, Domus Knights and/or Domus Vikings) to directly access all the information listed above (in type of data shared) and that you as a parent/guardian may access in Power School. You may revoke this authorization at any time by providing a written notice of revocation to the Community Partner (Domus Kids, MS FA program, Domus Knights and/or Domus Vikings). If you wish to grant this permission, please provide the following information.

I hereby grant permission for direct access to the Power School as described above. This is for 2025/26 school year.

Please print clearly:

Child's Name: _____

Grade: _____ School: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date Signed: _____

For program use only: ☐ Copy scanned and e-mailed to SPS on _____

☐ Original retained by the Community Partner Initial: _____ Date: _____