

2025/26 MSFA SPANISH
INTAKE PACKET TABLE OF CONTENTS AND GUIDE:

Attached is the intake packet for the SPS Middle School FA 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 Spanish version of the intake packet.

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 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 in order 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.



Permiso para participar en el programa

Domus se complace en compartir una iniciativa de colaboración con usted, el programa de Intercesores de Familias de la escuela intermedia. A través de nuestro programa y en asociación con las Escuelas Públicas de Stamford, Intercesores de Familiares de Domus trabajará en las escuelas intermedias de SPS para brindar un apoyo profundo centrado en la asistencia y el comportamiento, para ayudar a su hijo / hija a tener éxito en la escuela intermedia. Las intervenciones de asistencia y comportamiento se reforzarán a través de la comunicación familiar, controles continuos con los estudiantes, establecimiento de metas, planificación de acciones y ayuda para eliminar obstáculos, todo ello adaptado a las necesidades individuales de cada estudiante. Este programa es voluntario; nos encantaría que su hijo / hija participara, pero puede rechazar la participación en cualquier momento. El programa apoyará a su hijo / hija a lo largo de su carrera en la escuela intermedia y cada joven se reunirá 30 minutos por semana con su Intercesor de Familiar. También nos comunicamos con las familias al menos una vez al mes. Al firmar este documento, también está dando permiso para que su hijo/hija participe en nuestro programa Centro de Estudio de Domus en 83 Lockwood Avenue, Stamford.

Imprime nombre del Guardián

Firma del Padre/ Guardián

Fecha

Número de teléfono del Guardián

☐ Al marcar esta casilla, aceptas recibir mensajes de texto de Domus informándote de eventos. Se pueden aplicar tarifas de mensajes y datos. La frecuencia de los mensajes tendrá un promedio de 7 a 8 mensajes al año. Responda STOP para cancelar.

Imprime nombre del Participante

Intercesor Familiar

Fecha



Liberación para conducir del padre / Guardián
Domus / Programa de Intercesores de Familias de la escuela intermedia

Yo, doy permiso para que mi hijo(a) sea transportado en un vehículo de motor conducido por un Intercesor de Familias de Domus u otro miembro del personal de Domus Kids. Entiendo que se espera que mi hijo(a) cumpla con todas las leyes aplicables con respecto a la conducción en un vehículo de motor y se espera que siga las instrucciones proporcionadas por el conductor y / u otro adulto.

He leído, entendido y comunicado con mi hijo que:

- Viajarán en un vehículo de motor conducido por un adulto y deberán usar el cinturón de seguridad mientras viajan;
- Se espera que se respeten mutuamente, los vehículos en los que viajan y las personas con quienes viajan;
- Montar en un vehículo motorizado puede ocasionar lesiones personales o muerte en caso de una colisión, choques o actos por parte de conductores, otros conductores u objetos;
- Deben permanecer en sus asientos y no perturbar al conductor del vehículo.

Reconozco que al participar en esta actividad, como con cualquier actividad relacionada con el transporte de vehículos de motor, mi hijo(a) puede correr el riesgo de lesiones personales o pérdida permanente. Por la presente atestiguo y verifico que he sido informado de los riesgos potenciales, que tengo pleno conocimiento de los riesgos involucrados en esta actividad, y que asumo los gastos que pueden incurrir en caso de accidente, enfermedad u otra discapacidad, independientemente de si he autorizado tales gastos.

Como condición para el transporte recibido, para mí, mi hijo, mis albaceas y cesionarios, también estoy de acuerdo en liberar y despedir a Domus, su Junta de Fideicomisarios, y sus agentes, funcionarios, empleados y voluntarios de cualquier reclamo que pueda hacer que yo o que yo pueda presentar el reclamo de mi hijo con respecto a cualquier daño, demanda o acción de cualquier tipo, incluidos los basados en negligencia, de cualquier manera que surja de este transporte. He leído este formulario completo de exención y permiso, lo entiendo completamente y acepto estar legalmente obligado por sus términos.

Imprime nombre del Padre/Guardián (imprima legiblemente)

Fecha

Firma del Padre/ Guardián

Nombre del testigo (imprima legiblemente)

Firma del testigo

Parent/Guardian Signature

Nombre de Intercesor Familiar (imprima legiblemente)

Firma del Intercesor Familiar



PUBLICACIÓN DE FOTOGRAFÍA / VIDEO DEL PARTICIPANTE PARA EL PROGRAMA DE DOMUS DE LA ESCUELA INTERMEDIA

Para contar nuestra historia con precisión, mostrar fotos en nuestros programas, dar a los estudiantes la oportunidad de tener fotos de sí mismos y para obtener fondos para nuestros programas, periódicamente tomamos fotografías de nuestras actividades. Le pedimos que firme este formulario para permitirnos mostrar estas fotografías a otras personas. Doy mi consentimiento y libero a Domus y sus sucesores y cedo los derechos para copiar, fotografiar o usar de otra manera las imágenes y las descripciones de mi hijo/hija

Imprime nombre del Guardián

Fecha: _____

Firma del Padre/ Guardián

Imprime nombre del Participante

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

Dr. Tamu Lucero
Superintendent of Schools



**AUTORIZACIÓN DEL PADRE, MADRE O GUARDIÁN PARA LA PARTICIPACIÓN DEL ESTUDIANTE
EN UN EVENTO CON MEDIOS DE DIFUSIÓN**

A quien concierna:

Doy a mi hijo / hija / tutelado(a) _____ (nombre)

permiso para ser fotografiado(a), grabado(a) en video y / o ser entrevistado(a) como parte del evento con medios de difusión abajo descrito:

Fecha

Padre / Madre / Guardián

Sírvase devolver a:

Escuela o Departamento Iniciador _____



**STAMFORD PUBLIC SCHOOLS
CONSENT FOR RELEASE/EXCHANGE OF INFORMATION
SCHOOL YEAR 2025/2026**

I, _____ (parent/guardian), give consent to Stamford Public Schools, to release information to and obtain information from **Domus Kids**, in regard to (child's name)_____, D.O.B._____. The above-named agency or individual provider's address is 83 Lockwood Avenue, Stamford, CT , and contact information is: Julie DeGennaro, Associate Executive Director.

Type of Information

- ☒ Medical
- ☒ Psychiatric/Mental Health
- ☒ Academic
- ☒ Behavioral
- ☒ Other (specify): **transcript and attendance**

THE PURPOSE FOR REQUESTING THIS INFORMATION IS: For Family Advocacy program to help student in school_____

I understand that I may revoke this consent at any time by notifying Stamford Public Schools in writing. Any information gathered or released prior to the revocation of this consent is valid and cannot be voided. I also understand that, even if I do not revoke this consent, the consent will expire at the end of the 2025/26 school year.

Signature of Guardian

Signature of School Personnel

Relationship to Child

Title

Date

Date

Stamford Public Schools Contact Name

7 Revised September 2013

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, Westhill High School and/or in SPS Middle Schools. 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 (high school), 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 as a way 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: _____