

**SAN FRANCISCO UNIFIED SCHOOL DISTRICT  
SCHOOL HEALTH PROGRAMS DEPARTMENT  
EXPANDED LEARNING**

**PARENT/GUARDIAN CONSENT FORM**

Dear Parent/Guardian,

The Expanded Learning Program provides your child with academic and enrichment activities during the out-of-school hours. **Parents/guardians** must complete this Consent Form in order for your child to be enrolled in the program. Please indicate if your child has permission to participate in the program. This completed form must remain on file at the Expanded Learning Program.

**PARENT/GUARDIAN CONSENT FORM**

Last Name	First Name	Middle Initial
School		Grade
Parent/Guardian Name		Phone Number

- I give permission for my child to participate in the Expanded Learning Program.
- I do not give permission for my child to participate in the Expanded Learning Program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE