

# Lincoln School

960 Royce Avenue  
Joliet, IL 60432  
815-774-8900  
815-722-3352 fax



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## Truants Alternative and Optional Education Program Request for Program Admittance and Release of Information

I/we \_\_\_\_\_ request to have my child be considered for the  
(Parent/Guardian)

Truants Alternative and Optional Education Program (TAOEP) at Lincoln School. I agree to have  
\_\_\_\_\_ release pertinent information regarding  
(District School)

\_\_\_\_\_ to Lincoln School for the purposes of enrollment.  
(Student Name)

The person or agency to whom information is disclosed may not re-disclose this information unless I specifically consent to such re-disclosure. I understand that I have the right to inspect and copy the information to be disclosed. This consent is valid until \_\_\_\_\_ (one year from today's date). I understand I have the right to revoke this consent at any time. Refusal to consent to disclosure of this information will result in lack of coordination of services and inability to place student into program. Moreover, I understand that, if accepted and enrolled, I/we can have our child return to \_\_\_\_\_ upon the start of the next semester if I/we do not believe that attending the TAOEP is in his/her best educational interest.

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Student)

Date: \_\_\_\_\_

\_\_\_\_\_  
(District/School Representative)

Date: \_\_\_\_\_