School Year: 2025-2026

Dear Parent/Guardian,

My name is [Site Coordinator's Name], and I am the Site Coordinator for Communities in Schools of the Greater Wichita Falls Area (CISGWFA) at [Campus Name]. CISGWFA is a nonprofit organization dedicated to helping students stay in school by providing services on academics, attendance, behavior, and basic needs. **Our mission is to surround students with a community of support, empowering them to stay in school and achieve in life.**

Your child has the opportunity to continue receiving support this school year through CISGWFA. You signed a multi-year parent consent form during the 2023-2024 school year, which means your consent is still valid. **No action is needed if you wish for services to continue.**

Please note:

- This consent is **voluntary** and may be **revoked** at any time by providing written notice to CISGWFA staff.
- The revocation of consent will apply from the date your written notice is received, although prior consent will remain valid for actions already acted in reliance on it.
- Unless it is revoked in writing or CISGWFA discontinues services, this consent will automatically remain in place each year your child participates in CISGWFA.
- You have the right to inspect or request copies of any records released under this consent, subject to any applicable copying costs and legal limitations.

If you have any questions, please feel free to call, or email me directly. I look forward to continuing to work with your child this school year!

Sincerely,

[Site Coordinator's Name]
Site Coordinator, Communities In Schools of the Greater Wichita Falls Area
Phone: [Insert Phone]
Email: [Insert Email]