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smichlovitz@scvrd.net

Sarah Michlovitz

Counselor

SCVR 4C
Rev. 11/10/2020

[redacted]

SCVRD Staff Signature

Applicant's Signature

Date

Parent / Guardian / Authorized Representative's Signature

Relationship

Printed: 07/27/2021 1:45 PM

SCVR 37c
Rev. 12/20/2020

Aiken

Transition student

Any known functional limitation(s):____

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Student s signature

Parent's, guardian's or authorized representative's signature

Relationship to Student

Date

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(Specificati n thı s)

I understand that a photocopy of this document will be deemed as valid a

Executed this _____day of _____(month) _____(year)

Witness signature

Parent's Guardian's Authorized Representative s signature

Relationship to Applicant Consumer

☒

By signing this document, you acknowledge that the level of supervision provided is acceptable and that an informed choice to participate in the service has been made.

_____ _____

Consumer Signature *Date*

_____ _____

Signature of Parent or Guardian if indicated *Date*

☐ Signature of Parent or Guardian is not available Reason: