



**Halifax**

Regional Centre for Education

**STUDENT SUPPORT WORKER PROGRAM  
CONSENT FOR SERVICES**

Dear Parent/Guardian,

We would like to invite your child to participate in the African Nova Scotian Student Support Worker (ANSSSW) program for the following reason: **Cultural Programming**

The African Nova Scotian Student Support Worker Program provides support to promote the academic success and well-being of African Nova Scotian students and students of African Ancestry through a cultural lens in knowing them as they are known in areas that impact their ability to thrive now and in their future. ANSSSWs serve as positive role models and work collaboratively with administration, teachers, parents/guardians, and the community. It is important for you to understand that participation in the above activities is voluntary. You have the right to discontinue the process at any time.

Student Name: \_\_\_\_\_

Student Homeroom: \_\_\_\_\_

Please sign that you have been informed about the reason for this referral having been made. You understand that the participation is voluntary, and have the right to ask questions and have them answered. You are satisfied that you have all necessary information to give your informed consent for the service(s) described above, and therefore give that consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date