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## TEEN-AGE PARENTING PROGRAM

STUDENT NAME \_\_\_\_\_ Zoned School \_\_\_\_\_

Student DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

I acknowledge that I am aware that the Flagler County School District is not required to provide ancillary services to me, a Flagler County student, nor to my child(ren) if I choose not to enroll in the Teen-Age Parenting Program currently available at Flagler Palm Coast High School. Ancillary services include free child care and transportation, among others. My signature below indicates I am aware of services available to me, and I am waiving access to those services at this time. I further understand I can opt to receive TAPP services by contacting my school counselor.

\_\_\_\_\_  
Student Signature Date \_\_\_\_\_

\_\_\_\_\_  
Student's Parent/Guardian Signature Date \_\_\_\_\_

\_\_\_\_\_  
Student's Parent/Guardian Best Contact Number

\_\_\_\_\_  
FCSB Employee Name Printed Title \_\_\_\_\_

\_\_\_\_\_  
FCSB Employee Signature Date \_\_\_\_\_

Office Use: Copy to Cume \_\_\_\_\_ (Date) Copy to Student Services \_\_\_\_\_ (Date)