

**GRANBURY INDEPENDENT SCHOOL DISTRICT**

**PREGNANCY RELATED SERVICES – INTAKE FORM (Date Services Begin)**

Name of Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Special Education Services: \_\_\_ Yes \_\_\_ No

Date services begin: \_\_\_\_\_

**The GISD Pregnancy Related Services program has been explained to me. I understand the program and I agree to participate in the program and accept the services provided.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if student is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Administrator/Designee Signature

\_\_\_\_\_  
Date