

Deployment Information

FOR SCHOOL PERSONNEL

Notifying your child's school can allow educators to provide understanding, offer assistance, and make accommodations if needed, fostering a more supportive environment during your absence. The Dyess AFB School Liaison can contact the school on your family's behalf to notify them of your family's recent deployment. If you would like the School Liaison to do so, please complete the information below and submit to the MFRC or the School Liaison Office (232 Texas Dr, Building 11902).

Student's Name _____ Current School _____

Student's Name _____ Current School _____

Student's Name _____ Current School _____

Student's Name _____ Current School _____

Have you signed a parent consent form for your child to see the MFLC at their school? Yes No Not Sure

(Only available at Dyess EL, Clack MS, ATEMS HS, Abilene HS, Cooper HS, Wylie East EL, Wylie East Intermediate, Wylie West EL, & Wylie West Intermediate)

****The information below can be completed by the MFRC personnel if you choose.**

Name of Deploying Parent: _____

Departing Date (MM/YY): _____

Return Date (MM/YY): _____

ADDITIONAL INFORMATION

1) Will your student(s) continue living at their primary residence? YES / NO

If no, please explain: _____

2) Who will be your student(s) primary caregiver while you are deployed?

Name: _____

Phone & Email: _____

****Please mark any additional support you are interested in.**

- | | | |
|----------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Homework Help | <input type="checkbox"/> Counseling Resources | <input type="checkbox"/> Emotional Support |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Special Education Support | <input type="checkbox"/> Other. Please Specify: |

I give the the School Liaison Program Manager, Darci Hodges, permission to contact my child's school about our family experiencing deployment.

Printed Name: _____ Signature: _____ Date: _____