

PARENT PERMISSION FORM FOR STUDENT COUNSELING

My child, _____, has my permission to attend individual/group counseling with the school counselor effective immediately. This permission is in effect for this school year ending June of 2019.

I understand that I may contact the school counselor or school staff at any time to discuss my child's progress in the counseling program. By signing this form, I acknowledge receipt of the Counseling Information Form, which states the reason(s) my child was referred to the counseling program. *Please detach the bottom half of this document that includes the counselors contact information for your records.*

Please sign and return this form to the teacher at your earliest convenience.

Parent's Signature _____ Date _____

Parent's Name _____ Teacher Name _____
(please print)

Cell Phone Number _____ Work Phone Number _____

Email _____

Please leave comments for counselor regarding concerns and/or social skills you would like your child to improve upon:

PLEASE KEEP THIS BOTTOM PORTION FOR YOUR RECORDS

Venture Academy Counseling Center
2721 Transworld Drive
Stockton, CA 95204
(209) 468-5969

