

**Karigon Elementary School
School Counselor Parent Permission Form**

Dear Parent/Guardian,

A request has been made for your child to speak with the school counselor. Please check the appropriate response below and sign this form so that [Your Name], the School Counselor, may assist your child,

- Yes, I give permission for my child to speak with Mrs. Reinisch
- No, I choose not to use this service at this time.

Parent Signature

Date

Home phone/Work phone/Cell phone

E-mail address

Child's Teacher

Grade

Please include any helpful information about your child below:

Please note: Parent permission is required by Shenendenowa Central School after the student's initial visit to the school counselor. This will NOT become a part of your child's cumulative record.