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(Student's FIRST name)

(LAST name)

## STUDENT COUNSELING SERVICES PARENT PERMISSION FORM

Dear Redwood Parents:

Every year the staff at Redwood looks for ways to help our students be successful. These efforts occur outside of the classroom as well as within. Our comprehensive team approach is a major advantage of our program here at Redwood. In addition to our excellent teachers and administrator, we are fortunate to have our own school counselor as well as other professionals in the mental health field. Partnerships with community agencies have allowed us to bring valuable professional programs here to our students.

It is our wish that all students at Redwood have equal access to the help made available to them through our programs, as needed. However, in order for your son or daughter to participate in activities outside of the classroom parental permission is required. Below is a list of these activities. Please indicate which of them you allow your child to participate in and be sure to sign and date in the space provided. If you have any questions, please feel free to contact our office at **510-537-3193**.

Thank you,

Counseling Department

 

Yes/No Individual and/or group counseling (With counselor or social work interns)

 

Yes/No Professional programs (i.e. smoking cessation, violence prevention)

 

Yes/No Health education (i.e. sexually transmitted infection and pregnancy prevention)

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(Parent's signature)

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(Today's Date)