

IMMACULATE
CONCEPTION SCHOOL

2013 National Blue Ribbon School of Excellence

Date: _____

I give Mrs. Jenna Regan, MA, the school counselor at Immaculate Conception School, permission to provide counseling services to my child(ren)

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Counseling may be provided on an individual or group basis during the school year 2017-2018. I understand that I can rescind this permission at any time by contacting Jenna Regan at 735-6334 ext. 1015.

[Parents – If you have any questions, please contact me at the above number.]

Signature of Parent/Guardian

Date