

Elementary School



### Elementary School Counseling Permission Form

Date: \_\_\_\_\_

To the Parent/Guardian of \_\_\_\_\_,

To assist and guide all students in their early developmental years, the Ventura Unified School District provides a support system which includes elementary school counseling on school sites and/or in the virtual setting. This enrichment program offers social/emotional, academic and career guidance support. School counseling is a solution-focused approach. Your permission is requested for your child to participate in this voluntary program. Information is confidential as noted in Education Code 49602 Confidentiality of Pupil Information.

If you have any questions regarding counseling services, please feel free to contact the school counselor. We look forward to supporting your child.

Sincerely,

School: \_\_\_\_\_

Phone: \_\_\_\_\_

School Counselor

I hereby give my permission to have my child \_\_\_\_\_, participate in elementary school counseling services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Contact Number

\_\_\_\_\_  
Student's Teacher

No thank you, I am not interested at this time.