



ST. TERESA CATHOLIC SCHOOL

1108 LEBANON AVENUE
BELLEVILLE, IL 62221

**SCHOOL COUNSELING
PARENT/GUARDIAN CONSENT/PERMISSION FORM**

Names of Student(s) and Birth Dates:

Student Name (printed)

Birth Date

Student Name (printed)

Birth Date

Student Name (printed)

Birth Date

Student Name (printed)

Birth Date

Student Name (printed)

Birth Date

I hereby give permission for my child to receive counseling services with Amy Champion Stahlman, Licensed Clinical Professional Counselor. There is a joint effort between Amy Champion Stahlman and St. Teresa School, to assist children, families, and schools in improving academic, emotional, behavioral, and social development and competence.

If you choose not to give consent, your child will not be eligible to be seen by the counselor. This consent is for the school year _____. You may choose to withdraw this consent at any time by putting the request in writing. Thank you.

Parent Signature: _____

Parent Name (printed): _____

Date: _____

Authorizing Signature of
School Representative: _____

Title of School
Representative: _____

Date: _____