



**PARENT PERMISSION FORM FOR STUDENT COUNSELING**

Quimby Oak Middle School has a program that provides counseling services to a select number of students to facilitate their academic and social success at school. Ms. Mai, the middle school counselor, will provide these services. There is no charge for counseling to the student or parents.

Your child, \_\_\_\_\_, has been selected as one who might benefit from these counseling services and we are asking for your involvement and permission. On occasion, Ms. Mai will want to meet to discuss any concerns and answer any questions you might have about the counseling services.

If you have any questions, please call Ms. Mai at Quimby Oak Middle School at (408) 270-6735. If you are willing to have your child participate, **please sign below and return the form to the school office.**

Sincerely,

A handwritten signature in black ink that reads 'Ryan Hansen-Vera'.

Ryan Hansen-Vera, Principal

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I give permission to my child, \_\_\_\_\_,

DOB \_\_\_\_\_, to participate in the school counseling program. I am willing to participate along with my child as needed.

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Parent/Guardian Signature

Phone Number

Date