

Dear Parent or Guardian,

Your child has been referred for counseling services at the Resurrection Catholic School with the counselor, Mrs. Stefano.

In order for this service to begin, it is necessary for you to sign the permission slip below and return it to your child's teacher as soon as possible. If you have any questions or concerns, please do not hesitate to contact me at Resurrection Catholic School (856-667-3034). I hope that we will have the opportunity to meet or have a phone conference, sometime in the near future, to review the referral objective. I am looking forward to working with you and your child.

Your child is scheduled to receive _____ sessions with the counselor.

Sincerely,

Dawn Stefano

Dawn Stefano
Resurrection Catholic School
856-667-3034 ext.227
dstefano@rcscherryhill.com

Resurrection Catholic School

- ☐ **I give my permission** for _____ to receive counseling with Mrs. Stefano at the Resurrection Catholic School.
- ☐ **I do not give my permission** for _____ to receive counseling with Mrs. Stefano at the Resurrection Catholic School.

Parent's Signature _____

Date _____