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PERMISSION TO PARTICIPATE IN COUNSELING SERVICES

STUDENT

TEACHER

PARENT/GUARDIAN

GRADE

DATE

HOME PHONE

CELL PHONE

I GIVE PERMISSION FOR THE ABOVE NAMED STUDENT TO PARTICIPATE IN THE COUNSELING PROGRAM OFFERED BY PGUSD.

PARENT SIGNATURE

DATE

PLEASE CONTACT SONDA FRUDDEN, SCHOOL COUNSELOR, AT (831)291-3389 OR EMAIL: SFRUDDEN@PGUSD.ORG WITH QUESTIONS OR CONCERNS.