



Parental Consent for Pastoral Guidance Lake Christian Academy

I, _____, give permission for my student(s)

(please list individual student and the grade they are in)

to receive pastoral guidance from Pastor John Book during school hours within
Lake Christian Academy if my student chooses to do so.

___ I give permission for my student to receive pastoral guidance

___ I DO NOT give my student permission to receive pastoral guidance

Parent signature

Date Signed

(School year 2022-2023)