



Parental Consent for Counseling Guidance Lake Christian Academy

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

Student-_____Grade-_____

Student-_____Grade-_____

Student-_____Grade-_____

(Any additional students)

to receive counseling during school hours within Lake Christian Academy from the following LCA Staff. (check all that apply)

_____ Mrs. Ioan, LCA Guidance Counselor _____ LCA Pastoral Counseling

Please initial:

_____ I give permission for my student to receive counseling from the above persons

Parent/Guardian Signature

Date