



## Parental Consent for Optional Counseling Guidance Lake Christian Academy

I, \_\_\_\_\_, give permission for my student(s)

Student-\_\_\_\_\_Grade-\_\_\_\_\_

Student-\_\_\_\_\_Grade-\_\_\_\_\_

Student-\_\_\_\_\_Grade-\_\_\_\_\_

(Any additional students)

\_\_\_\_\_

to receive optional 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

\_\_\_\_\_ I do not give permission for my student to receive optional counseling from the  
above persons. I agree to the role of the academy Guidance Counselor, Maria Ioan, as a  
staff member of Lake Christian Academy administration.

\_\_\_\_\_  
Parent/Guardian Signature Date

(please contact the academy office (office@lakechristianacademy.com) if you desire any  
additional clarification of the role of our LCA Guidance Counselor)

(School year 2023-2024) revised