



## Parental Consent for Optional Pastoral Counseling Lake Christian Academy

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

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

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

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

(Any additional students)

\_\_\_\_\_

to receive optional Pastoral counseling during school hours within Lake Christian Academy.

\_\_\_\_\_

Parent/Guardian Signature

Date

**If you choose to decline your student receiving Pastoral Counseling, please check and sign below.**

\_\_\_\_\_ I do not give permission for my student to receive optional Pastoral counseling

\_\_\_\_\_

Parent/Guardian Signature

Date

(School year 2024-2025)