



## 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)**

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)

\_\_\_\_\_ LCA Pastoral Counseling

Please initial:

\_\_\_\_\_ I give permission for my student to receive counseling by LCA Pastors

\_\_\_\_\_ I DO NOT give my student permission to receive pastoral guidance

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

(School year 2025-2026)