



Holy Angels Regional School

1 Division Street

Patchogue, NY 11772

Phone: 631.475.0422 Fax: 631.475.2036

www.holyangelsregional.org

School Counselor Parental Consent Form

Dear Parents/Guardian:

We are happy to welcome Miss Lexey Atherton as our school counselor. Miss Atherton will be at Holy Angels on Monday and Fridays.

Students may wish to see Miss Atherton for a variety of reasons including, but not limited to: concern about self-esteem, coping skills, stress management skills, peer interactions, anger management, divorce/separation/loss, and social skills.

Students may be referred to our school counselor by parents, teachers, staff, the principal, or self.

In order for the student to see our school counselor there must have a signed consent form on file.

All content within sessions is kept confidential with the exception of threats to hurt his/herself or someone else or if the student reports any form of abuse.

I, _____ (name of parent or guardian) give consent for

_____ (name of student)

to see the school social worker.

Signature: _____

Date: _____