



**ST. MARYS AREA SCHOOL DISTRICT**

**Office of Middle School Principal**

**GUIDANCE DEPARTMENT**

**PARENT OR GUARDIAN CONSENT FORM**

Dear Parent/Guardian:

Your child, \_\_\_\_\_, has been referred to the St. Marys Area Middle School Student Assistance Program (S.A.P). This program provides various support services designed to ensure your child's academic, social, and emotional success. A team of school personnel and/or community agency professionals (ex: drug and alcohol, mental health, etc.) will assess your child's needs and offer you appropriate recommendations for in-school and/or out-of-school services. The recommendations for services may include individual supportive counseling, mental health assessment, drug/alcohol assessment, support groups, tutoring, etc. Please assist us in aiding your child by signing and returning the consent form below to the guidance office at the Middle School. Thank you.

\_\_\_\_\_ I grant permission for my child, \_\_\_\_\_, to be involved with the S.A.P Program while attending the St. Marys Area Middle School.

\_\_\_\_\_ I deny permission for my child, \_\_\_\_\_, to be involved with the S.A.P. Program while attending St. Marys Area Middle School.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Rev 10/07