

**Warren County Public Schools  
Acknowledgments and Permissions Form  
2023-2024**

I am the parent of the below named student, or the “eligible student,” and by my signature, I acknowledge that I have received a copy of the required annual notifications and permission forms and have responded to the items requiring my permission in accordance with my wishes.

Student’s Name \_\_\_\_\_ School \_\_\_\_\_

Student’s Grade Level \_\_\_\_\_

1. Parental Responsibilities and Involvement Requirement  
By signing this Statement of Receipt, I do not waive or abdicate, but do expressly reserve, any rights protected by the constitutions or laws of the *United States* or the *Commonwealth of Virginia*. I further understand that I have the right to express disagreement with the school’s or school division’s policies or decisions.
2. Compulsory Attendance
3. Availability of Policy Manual Notice - (The complete text of all annual notification topics can be found in the Warren County School Board Policy Manual.)
4. Directory Information
5. Equal Educational Opportunities/Nondiscrimination
6. Guidance & Counseling Programs – Annual Notification
7. Management of Student Records Annual Notice
8. Rights under the Protection of Pupil Rights Amendment (PPRA)
9. Student Code of Conduct
10. School Bus Rider Safety Rules

\_\_\_\_\_ Date

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

\_\_\_\_\_ Signature of Eligible Student<sup>1</sup>

<sup>1</sup> An “eligible student” is a student 18 years or older

**Warren County Public Schools  
Publication Permission Slip  
2023-2024**

**Please return this form to the principal's office.**

The faculty and staff of Warren County Public Schools would like to recognize and share your child's academic achievement and participation in school-sponsored activities. If you **do not** want your child's name, photograph, or work displayed, please check one or more of the following:

No, you may not use my son/daughter's:

\_\_\_\_\_ Name \_\_\_\_\_ Grade Level \_\_\_\_\_

\_\_\_\_\_ Photograph

\_\_\_\_\_ Work (artwork, stories, web pages, etc.)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Eligible Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Warren County Public Schools**  
**Permission to Share Contact Information with Special Education Advisory Committee**

**ATTENTION PARENTS OF STUDENTS WITH DISABILITIES**

The Warren County Special Education Advisory Committee (SEAC) serves as an advisory committee to our School Board regarding the education of students with disabilities, as set forth by state regulations. It is also a resource of information and support for our community. Parents of students with disabilities are encouraged to attend meetings and become involved in the committee.

SEAC plans to meet at least four times during the 2023-2024 school year. By signing and returning this form, you will be placed on a contact list that informs you when our meetings will occur and about other events that may be of interest. For more information about SEAC, please refer to the Special Services page on the Warren County Public Schools website, or call the Special Services Office at 540-635-2725.

Please indicate below if and how you would like to be contacted by SEAC:

- I do not want to be contacted.
- YES, please contact me. I will indicate how to be contacted below:
  - Please contact me by email, my email address is: \_\_\_\_\_
  - Please contact me by phone, my phone number is: \_\_\_\_\_
  - I wish to be contacted by U.S. mail. My mailing address is:  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Number (if known) \_\_\_\_\_

School Child Attends: \_\_\_\_\_

## School Counseling Programs

Warren County offers School Counseling Programs in all our schools. Our goal is to assist our students to be academically and socially successful in school. We would like you to know about the services that are available for your child and for you. At the elementary level (grades K-5) the following services are available:

- Individual Counseling: for academic, career, and social concerns.
- Group Counseling: focused in a specific area of need; there is always separate parental permission for this counseling service.
- Classroom Lessons/activities: with a focus on prevention of problems, the counselor is in each classroom five to ten times a year for half-hour sessions on topics such as careers, anger management, peer relations, friendships, conflict management, decision making, and study skills. Parents may review any of the materials used by contacting the counselor.

The following services are available at the secondary level (grades 6-12):

- Academic Counseling: Assists students and their parents to acquire knowledge of the curricula choices available to students, to plan a program of studies and monitor progress, to arrange and interpret academic testing and to seek post-secondary academic opportunities.
- Career Counseling: Helps students acquire information and plan action about work, jobs, apprenticeships, post-secondary education, and career opportunities.
- Personal/Social Counseling: Assists student to develop an understanding of self, the rights and needs of others, how to resolve conflict and to define individual goals reflecting their interests, abilities, and aptitudes. Counseling may be provided either (i) in groups, in which generic issues of social development are addressed, or (ii) through structured individual or small group counseling sessions focused on the specific concerns of the participant(s) (e.g., divorce, abuse, or aggressive behavior).

**If you DO WANT your child to receive counseling services and be part of classroom guidance, please keep this form at home,**

----OR----

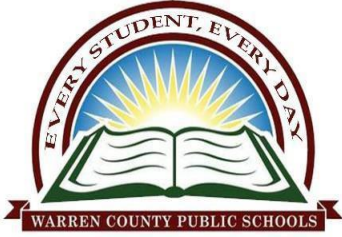
**If you DO NOT WANT your child to receive counseling services at school, please sign below and return this form to your child's teacher.**

\_\_\_\_\_ My child **MAY NOT** participate in the guidance and counseling program during the current school year.

Child's name \_\_\_\_\_ School Year \_\_\_\_\_

Child's homeroom/first period teacher \_\_\_\_\_ Grade \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_



**Warren County Public Schools**

**Special Services**

465 W. 15<sup>th</sup> St., Ste. 500

Front Royal, VA 22630

Phone (540) 635-2725

Fax (540) 635-3001

[www.wcpsva.org](http://www.wcpsva.org)

OFFICE OF THE DIRECTOR,  
SPECIAL SERVICES

**OPT OUT NOTIFICATION**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ School Year \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

As the parent/guardian of the above named student, I do not wish for my student to participate in \_\_\_\_\_  
Curriculum/Program  
I understand that I may change my mind at any time and  
will do so in writing.

I understand that this request is for the current school year only. This form may be submitted each school year.

\_\_\_\_\_  
Parent/Guardian Name

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