

PARENT / GUARDIAN

1. I understand that a school counselor is available at the Alternative School.
2. I understand that I may contact the school counselor to share information that may contribute to my student's success.
3. I understand that I may be called upon to work cooperatively with the staff and contribute to the student's program.
4. I understand that the counselor may assist in the transition back to my student's home school . This may include follow-up sessions in the home school.

Student Signature: _____

Parent/Guardian Signature: _____

Principal: Randy Greene

Date: _____