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Parent request for student counseling Form

Date: _____

Parent name_____

Contact phone number_____

Please indicate if you would like me to call you yes _____ No_____

Name of Student _____ Grade ___

Name of Teacher _____

Reason for Request/summary of situation:
_____
_____
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_____

Please address to Laura Bickler, Guidance Counselor
*To ensure confidentiality please put in an envelope or fold form over and staple shut.

Sincerely,

Laura Bickler
Guidance Counselor
San Jose Elementary school
BicklerL@pcsb.org.