

SCHOOL COUNSELING SERVICES

OPT-OUT FORM

Complete and return this form only if you DO NOT want your child to participate in personal/social components of the school counseling program.

An opt-out request will become effective from the day it is received by the school and will remain in effect for the duration that your child is enrolled at his/her present school, unless the opt-out request is rescinded in writing by his/her parent or legal guardian. Opt-out requests will not transfer from school to school. A new opt-out form will need to be completed each time your child changes schools.

I am requesting that my child, \_\_\_\_\_, not participate in personal/social counseling that is provided by his/her school.

I understand that parental or legal guardian permission is not required for personal/social counseling and/or crisis intervention that is needed to maintain order, discipline, or a productive learning environment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Student's Name: \_\_\_\_\_  
Please Print

Student's School: \_\_\_\_\_  
Please Print