

Charlotte-Mecklenburg Schools
HOPEWELL HIGH SCHOOL STUDENT SERVICES
PARENTAL REQUEST FORM

Name of Parent: _____

Date: _____

Name of Student: _____

Counselor: _____

Thank you for taking the time to complete this form. We would love to meet with you, but are unable to do so at this time. Please provide us with a brief description of your request and we will respond as soon as possible.

Note: Please be aware that parent conferences are by appointment only.

Parent Request (brief description):

Please indicate the best way to reach you:

Phone: _____ Email: _____

Follow up (for Counselor use only):

The mission of the Hopewell High School Counseling program is to provide comprehensive counseling services to maximize academic achievement, career development and social-emotional learning for every student.