



You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the completed document and if desired, save document template to your own computer. Duplicate fields will be repopulated after your first entry.

Date: _____ **Student's Name:** _____
(Last) (First) (Middle)

School: _____ **Grade:** _____ **Student ID#:** _____
(Full Name of School)

The Acalanes Union High School District is committed to maintaining a climate and providing support services that will empower each student to achieve his or her academic, personal, and career goals. Various difficulties may interfere to varying degrees with a student's opportunities. The District's philosophy and goals recognize the importance of support services as an integral part of the education process, and each of the school sites endeavors to provide support services to its students.

From time to time support groups, to promote appropriate coping skills, will be developed. Participation in these groups is voluntary on the part of students, and requires the consent of parents/legal guardians. Since the groups will be developed on an at-need-basis, we are asking for your consent for the time that your student is in high school.

Yes, I give my consent for my son/daughter, _____, to participate in support groups either by invitation or by self-referral.

Student's first/last name

Parent/Guardian Signature

Date _____