

**Pacific Grove Unified School District
Elementary Schools**

PERMISSION TO PARTICIPATE IN COUNSELING SERVICES

| | | |
|-----------------|---------------------|-------|
| Student | Forest Grove School | |
| Teacher | School | |
| Teacher | Room# | Grade |
| Parent/Guardian | Phone # | Email |
| | | |

I give my permission for the above named student to participate in the counseling program offered by Pacific Grove Unified School District.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

Please contact Sonda Frudden, School Counselor, at (831)646-6560X126 or by email at sfrudden@pgusd.org to discuss any questions or concerns.

