New Student Support Group

Parent/Guardian Consent Form

Dear Parents/ Guardians:

The intention of this letter is to your invite your child to participate in a small group experience to ensure a smooth transition into Steinmetz College Prep. The purpose of this group is to provide additional resources and support to allow your child to make the most out of their high school experience. The group will meet once a week on Tuesdays for six consecutive sessions starting on March 4th, 2014.

Please complete the Consent Form below, place a check mark in the appropriate box, and return to the Counseling Office, Room 108, by Tuesday February 25th, 2014. If you have any questions please do not hesitate to call or email.

Sincerely,

Perla Ocampo and Jessy Krawczyk

Pocampo@cps.edu and 773-534-3143

JessyKrawczyk@gmail.com

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I grant permission for my child to participate in the Sophomore Support Group.

I deny permission for my child to participate in the Sophomore Support Group.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_