



GLOBAL PARADIGM INTERNATIONAL SCHOOL STUDENT COUNSELLING PARENT CONSENT FORM

___ I consent for my child to participate in counseling. I understand that participation is completely voluntary and that classroom requirements take precedence over participation in counseling.

___ I do not consent for my child to participate in counseling.

I understand that this consent is effective for the current school year.

Student First/Last Names (please print)

Parent/Guardian/Student Signature*

Date

*Students age eighteen and over may or may not be required to have a parent/guardian signature. Professional School Counselor contact information: Mona Abd El-Alim and Skylar Hong

School Phone: +(202)22461809 ext 202

e-mail monaabdelaalim@gpschool-eg.com and skylar.hong@gpschool-eg.com

Please return this form to the Guidance and Counseling Office by _____.