Dear Parent/Guardian,

NHS Counseling Support Service is intended to offer our students emotional support as needed in an effort to allow our students to adapt and succeed in a changing society. It is our belief that in certain circumstances professional guidance is the most effective and appropriate way to provide the help needed to achieve this goal.

If you would NOT like your child to utilize this service, please complete the below portion of this form and return it to the NHS Main Office as soon as possible.

If you have any questions or concerns, please feel free to contact myself at (517) 905-5705 or jim.graham@napoleonschools.org or Mr. Patrick Dillon, NHS Co-Principal at 905-5788 or patrick.dillon@napoleonschools.org.

Sincerely,

James E. Graham
Superintendent
Napoleon Community Schools

I DO NOT want my child, ____________________________________________ to participate in the NHS Counseling Support Services available at Napoleon High School.

Student's Grade Level ________________

Teacher's Name _____________________

Parent/Guardian's Signature

______________________________

Date ________________

Parent/Guardian's Signature

______________________________

Date ________________

UPON COMPLETION RETURN TO NHS MAIN OFFICE