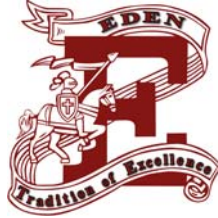


EDEN CENTRAL SCHOOL DISTRICT
8289 North Main Street
Eden, New York 14057

Ronald Buggs
Superintendent
(716) 992-3629



Shawn Johnson, Director
Pupil Personnel Services
(716) 992-3645

Permission for Counseling

Student Name: _____

Teacher/HR #: _____ Grade: _____

I give permission for my child, _____,
to receive counseling services at school. The school psychologist, school
counselor or school social worker will conduct counseling services at school.

Parent Signature Date

Contact Information:

Telephone and/or email address