



上海耀中國際學校

YEW CHUNG INTERNATIONAL SCHOOL OF SHANGHAI

Counselling Services Permission Letter

Date:

Dear _____,

I would like to offer your son/daughter an opportunity to participate in small group counselling sessions. The group will focus on _____. The sessions will be confidential, on a regular basis for _____ sessions. You will be informed of the start and end dates of the group once this has been finalised. You will also receive more information about the content of the group in a separate document.

If you would like your child to receive the counselling sessions, please complete the permission slip below and return to school. Once I have received your consent the sessions will begin as soon as possible.

If you would like more information, including discussing the reasons for these session and what they would involve, please contact me to make an appointment.

Yours sincerely,

Ms. Zoe Andrews
School Counsellor (ECE and Primary)
Zoe.Andrews@sh.ycef.com

Counselling Services Permission Letter

I give my permission for my child, _____ in class _____ to attend group-counselling sessions, focussing on _____, with Ms Zoe Andrews.

Signed: _____

Email: _____

Telephone: _____