It is so important for our school to produce good leaders. Your child is already a leader in his or her class. The other students look-up to your child and model after your child. It is also important for our leaders to be able to learn how to be better leaders and discuss their leadership abilities. Therefore, I will be conducting a leadership small group that I would love for your child to be a part of.

 We will meet weekly for several weeks, at a time that does not take away from instruction in the classroom. Your child knows about the group and has indicated that he or she would like to participate. However, I need your permission to allow your child to participate.

 Please indicate, by completing the form below, that you wish to have your child participate in this great opportunity or that you do not want your child to be included. Please return the permission slip to me by .

Please let me know if you have any questions. Thank you!

 Alyssa Hall

 Lower School Counselor

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***give permission*** for my child participate in the small-group counseling program for leadership.

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***do not give permission*** for my child participate in the small-group counseling program for leadership.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_