I am so glad that your child is at Harding this year. Sometimes the transition from one school to another can be difficult. It is important to try to make that transition as easy as possible. We want your child to be plugged in as soon as possible. Therefore, I will be conducting a new student 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 be a part of this group.

 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 new students.

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

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