



OPTIONAL

PARENTAL/GUARDIAN STUDENT SUPPORT CONSENT FORM

I, _____ (Parent/Guardian Full Name) provide consent for
_____ (Student's Full Name) to participate in student support services.

Social and Emotional wellness including: coping, problem solving, life and social skills training etc and/or small group instruction.

- Wayne HS
- Wayne MS
- Loa Elementary
- Hanksville Elementary

By Jamie Webb, SSW, Candence Peterson or Erica Taft for the 2022-2023 school year.

Services will be provided as an available basis. An established schedule of service may vary by individual need.

By signing, you understand support services will be provided only as they relate to educational performance and health and wellness.

Parental consent is not needed if the situation is an emergency.

- **I DO give** permission for my student to participate in skills training and/or counseling services as outlined above.

Parent/Guardian Signature, if applicable Date

* At any time, a parent or guardian can retract consent by contacting Wayne School District, 435-425-3813 or SEL Coordinators by phone WHS: 435-425-3411; WMS: 435-425-3421; Loa Elementary/ Hanksville Elementary 435-425-3813.

Parent/Guardian Contact Info:

Phone Number _____ Email: _____