



## Parental Consent Form for Student Biblical Counseling

Dear Parent/Guardian,

Atlantic Christian School is pleased to offer **Biblical Counseling** services to students in K-12 grade during the school day. These 30 to 45 minute sessions are offered at **no cost** to the family and are designed to provide Christ-centered support and guidance to students who may benefit from spiritual, emotional, or personal encouragement.

Please read the information below carefully **and complete the consent form to authorize your child's participation. Form may be sent to your principal by email, or dropped off at the main office. Copies of this form are also available at the main office front desk.**

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### Program Details

- Counseling will be conducted by a trained Biblical Counselor.
  - There is **no charge** for this service while at the school.
  - Counseling sessions will be held **during the school day**. We will make every effort to schedule them during free periods or study halls, but this **may not always be possible** and your child may be taken out of class. You understand that all work missed must be made up and is the responsibility of the student/students family.
  - Sessions are typically held **once per week**, as needed and as counselor availability permits.
  - Appointments may also be arranged **before school (8:00 AM)** or **after school (3:00 PM)**, depending on counselor availability and your preference.
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### Consent and Preferences

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. I give permission for my child to participate in Biblical Counseling at Atlantic Christian School.  
 Yes  
 No
2. Counselor Preference (if available):  
 Male

- Female
- No preference

3. **Preferred Time for Counseling (if available):**

- During School Hours
- Before School (8:00 AM)
- After School (3:00 PM)
- No preference

## Confidentiality Notice

All counseling sessions are treated with appropriate confidentiality. Counselors will not share specific details of sessions with school staff, other students, or families without the student's permission, **except in the following cases**, where confidentiality must be broken:

- If there is reason to believe the student may be a danger to themselves or others.
- If there is suspicion of abuse or neglect.
- If required by law or court order.

Our counselors are committed to handling all interactions with care, compassion, and in alignment with Biblical principles and legal responsibilities.

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## Acknowledgement

I understand that:

- My child may be taken out of class for counseling if no free period is available.
- Counseling is spiritually based and consistent with the biblical values of Atlantic Christian School.
- This consent may be withdrawn at any time by submitting a written notice to the school office.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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If you have any questions regarding this program, please contact your student's principal:

K-5<sup>th</sup>-contact Sara Coates (609) 653-1199 ext. 305 6<sup>th</sup>-12<sup>th</sup> grade -Gail Alford (609) 653-1199 ext. 309

Thank you for your partnership in supporting the spiritual and emotional well-being of your child.

**Atlantic Christian School Administration**

**IMPORTANT: Once the school receives this form, and counseling services are scheduled, you will need to complete one additional electronic form for the counselor that will be sent to you by email.**