

School Counseling Opt-Out Form (for details see page 6)

Complete and return this form (to your child's school) only if you **DO NOT** want your child to participate in an aspect of the school counseling program.

Grades 9-12

A request to **opt out of counseling will be in effect on the day it is received by the school and will remain in effect throughout the student's K-12 career in FCPS**, unless the opt-out request is rescinded by his or her parent in writing.

I request that my child _____, in grade _____, **NOT** participate in the following:

_____ Academic or career guidance that is provided by his or her school.

_____ Personal or social counseling that is provided by his or her school.

I understand that parental permission is not required for counseling and/or crisis intervention that is needed to maintain order, discipline, or a productive learning environment. I understand that, in opting to have my child excused from academic or career guidance, I shall have sole responsibility to ensure that all academic and graduation requirements are fulfilled.

Signature of parent or guardian: _____

Date: _____

Student's name: _____
(please print)

Student's school: _____
(please print)