



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
AUTHORIZATION FOR INVOLVEMENT OF NATIVE
COUNSELLOR**

Student Name:

Date of Birth:
(yyy-mm-dd)

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File #

School:

Date :
(yyy-mm-dd)

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Parent/Guardian Name:

Address:

Telephone:

The Native School Support Counsellor is available to provide support for the Native Students who may experience difficulties in the areas of social/emotional/spiritual growth or academic performance.

I hereby give my consent for the involvement of the Native Counsellor with

Signature of Parent/Guardian: _____

Signature of School Principal: _____

In order to provide assistance for my son/daughter, I agree that the Native School Support Counsellor will have access to _____ 's Ontario Student Record Folder.

Signature of Parent/Guardian: