



**Valley Forge Middle School  
STUDENT ASSISTANCE PROGRAM  
Parent Permission for Support Group**

Dear Parents and Guardians,

Your son/daughter is being offered an opportunity to participate in a \_\_\_\_\_ support group at Valley Forge Middle School. The purpose of the group is to equip students with certain life skills that could have a positive impact on classroom behavior and school performance. A professional group leader from Caron Treatment Centers and a school staff person will be conducting the group. Group meetings will be held one period per week at school for approximately eight weeks. However, your child's academics will take priority over group attendance.

The school is pleased that your student has expressed an interest in this support group program. However, we require parental permission for your child to participate. We have provided a permission form below. Please complete the form and return it to \_\_\_\_\_.

Please feel free to contact \_\_\_\_\_ at \_\_\_\_\_ if you have any questions.

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My child, \_\_\_\_\_, has permission to be screened for and participate in the \_\_\_\_\_ support group.

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Parent/Guardian signature

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Date