RICHARDSON INDEPENDENT SCHOOL DISTRICT

RISD Counseling & Prevention Services

Anti Victimization Lessons Parent Permission

Please indicate your permission for your child to participate in the classroom lessons provided by the counselor during the month of November by completing the information below and returning it to your child's teacher by October 24th.

Please reach out to me if you have any questions or concerns.

_____ I give permission for my student to participate in these lessons.

_____I do not give permission for my child to participate in these lessons.

Student Name _____

Grade Level _____

Homeroom Teacher _____

Parent Signature _____

Date _____

Parent Phone Number _____

Parent Email _____

Paige Pendery paige.pendery@risd.org