



Forney Independent School District
600 S. Bois d'Arc,
Forney, TX, 75126
469-762-4100
www.forneyisd.net

Parent/Guardian Permission Form for School Counseling Services 2025-2026

Student Name: _____

Date of Birth: _____ Grade: _____

Campus: _____

In compliance with Texas Senate Bill 12, which strengthens parental rights regarding mental, emotional, and psychological services provided by public schools, this form seeks your informed consent before any counseling services are provided to your child

Services for Which Consent is Requested

Please review the counseling services below and indicate your preferences:

Service Type	Description	Consent
Individual Counseling	One-on-one support with a school counselor for academic, emotional, or mental health concerns.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Group Counseling	Participation in group sessions focused on social-emotional learning or coping skills.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify):	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Acknowledgement & Signature

I understand:

- All services are **virtual or in-person**, as offered by the school counselor.
- I have the right to **opt in or opt out** of each service listed above.
- I may **revoke consent at any time** by submitting a written request to the school counselor or campus administrator.

Parent/Guardian Name (print): _____

Signature: _____ Date: _____

Email: _____ Phone: _____

Next Steps

- Completed forms should be returned to the counseling office by this date: _____
- If you *do not* return this form, your child **will not receive** any of the listed services unless further action is taken.