



New Castle Junior High School Student Assistance Program

Parental/Guardian Permission

I, _____, authorize the New Castle Junior High School Student Assistance Program (SAP) Team to provide educational assistance to my son/daughter _____, for the 7th and/or 8th grade year.

The SAP team is composed of school personnel (teachers, administrators, nurses, counselors) and other outside agencies, if needed. This team has been trained to understand and work on the issues of adolescence.

Parent/Guardian Signature

Date

Date Sent: _____