

SCHOOL ENTRY PERMISSION FORM

SCHOOL NAME: _____ STUDENT'S GRADE: _____

PRINCIPAL AND/OR SCHOOL COUNSELOR NAME: _____

I _____, do hereby give permission to _____
to visit my son/daughter named _____ during school hours.

In addition, I also grant permission for my child's academic records, along with his/her social and behavioral information be provided to _____, as he/she helps mentor my child to become a productive leader. The mentorship team will work collaboratively with my child to ensure he/she develops to their full capacity.

Feel free to contact me for further information.

Holistic Elevation LLC Staff Signature

Date

Parent/Guardian Signature

Date

Holistic Elevation LLC

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