

**OUR LADY OF MERCY CATHOLIC SCHOOL
REQUEST FOR COUNSELING SERVICES
Parent/Guardian Form**

Please fill out the following form completely.

Student _____ Date of Birth _____

Teacher's Name _____ Grade _____

Name(s) of Parent(s)/Guardian(s) _____

Street Address _____ City/state/Zip Code _____

Home Phone _____ Cell _____ Work _____

Email Address(es) _____

Name(s) of Parent(s)/Guardian(s) _____

Street Address _____ City/state/Zip Code _____

Home Phone _____ Cell _____ Work _____

Email Address(es) _____

With whom does the student live? _____

Referring issue (Please be specific.) _____

Does the student currently receive any counseling/therapeutic services from any mental health professional, nonprofessional, agency, or church? Yes _____ No _____

Please explain any interventions attempted prior to this referral (ex. conference with teacher and/or administration, at home interventions, outside counseling services sought, etc.)

Signature of referring individual _____ Date _____

Please return this form to Our Lady of Mercy School front office.

Upon receipt of this form, counselor will contact parent/guardian to set up a conference.

Thank you,
Anne Perrone
School Counselor
Our Lady of Mercy Catholic School
aperrone@olomschool.org
(225) 924-1054
