



## Student Counselling Referral Form

(Please complete all sections)

Date of this Referral: \_\_\_\_\_

Name of Person Making Referral: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Class Teacher: \_\_\_\_\_ Room Number: \_\_\_\_\_

Roll Class: \_\_\_\_\_

Name/s of Parent/s or Guardian/s: \_\_\_\_\_

Contact Phone Number/S: Hm: \_\_\_\_\_ Wk: \_\_\_\_\_

Mob: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### PARENTAL CONSENT REQUIRED FOR ALL STUDENTS

I give permission for Daphne Vassiliou (School Counsellor)

to work with my child \_\_\_\_\_ in class: \_\_\_\_\_

Signed: \_\_\_\_\_ Please Print Name: \_\_\_\_\_  
Parent / Guardian

Date: \_\_\_\_\_