



Fort La Bosse Guidance & Counselling Referral Form

Student's Name _____ **DOB** _____
School _____ Home Phone _____
Grade _____ Mailing Address _____
Parent/Guardian _____
Work Phone: _____ Cell Phone: _____

Referred for: Academic Reasons _____ Personal Reasons _____
Career Guidance _____ Behavior _____

Reason for referral:

Referred By: ___Parent ___Self ___Teacher ___Other_____

To (Counsellor): _____ Date of referral _____

I give my permission for the FLBSD Counsellor/Student Support Worker to meet with my child.

Parent/Legal Guardian Signature: _____ Date: _____

Consent signed by parent/guardian on School Registration Form:

Counsellor's Signature _____ Date _____

This information or personal health information is being collected under authority of Fort La Bosse School Division and will be used for educational purposes or to insure the health and safety of the student. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, contact the Fort La Bosse School Division Access and Privacy Coordinator at 748-2692.