

PARENT PERMISSION FORM
MURPHY ADVENTIST CHRISTIAN SCHOOL
COUNSELING

My name is Tom Lighthall. I have been asked by the MACS school board to provide a voluntary service for the students and parents in the area of individual and family counseling. I am a retired pastor of the Seventh-day Adventist Church and am living in Hayesville, NC. My qualifications are as follows:

- Certified/Licensed in Secondary Education 10 years
- Ordained Pastor of the Seventh-day Adventist Church 20 years
- Certified Hospital Chaplain 7 years
- Activities Therapist for Adolescents in Mental Health 3 ½ years
- Counseling in communities where I have pastored

It is my intention to provide a time slot at the school for students to come by and visit with me at their discretion. This does not imply that the student is having problems but, rather, it gives them an opportunity to express themselves in a safe environment. Any information shared will be held in strict confidence, unless they are a threat to themselves or to someone else.

I will work with the Head Teacher to establish a time during school hours or right after school for student and/or parent counseling.

This is being provided for the school and parents as a service to enrich the school program and to enrich the high ideals of Christian education.

If this is something you would like for your child, please sign the space below for your approval.

Student

Parent

Student

Date

Student

Student