

**School Name:** \_\_\_\_\_ **Student's Grade:** \_\_\_\_\_

**Principal and/or School Counselor Name:** \_\_\_\_\_

**RE: Permission Form for** \_\_\_\_\_ **(Student's Name**

I (parent/guardian) \_\_\_\_\_, do hereby give permission to  
\_\_\_\_\_  
(Staff/Mentor/Volunteer name),  
\_\_\_\_\_  
(position) at *Holistic Elevation LLC* 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 to be provided to Holistic Elevation staff, as he/she helps mentor my child to become a productive leader. The mentor team will work collaboratively with my child to ensure he/she develops to their full capacity.

Feel free to contact me for further information.

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Holistic Elevation Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Holistic Elevation LLC

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