# Freedom of Choice School Counseling
# Parent Signature and Payment Form

**PLEASE SELECT YOUR DESIRED PROGRAM(S)**

## High School Planning Services

☐ Individual Guidance Counseling - 1 Hour

☐ Fundamentas of High School Package- 4 Hours

☐ Career Exploration Package - 5 Hours

☐ College Planning Package - 6 Hours

☐ Post-Secondary/Senior Planning Package- 4 Hours

## Parental Services

☐ School Document Reporting

☐ Transcript Rrequest

☐ Letter of Recommendation

## Group Sessions/Workshops

☐ Professional Workshop (6-12th)

☐ Group Skills for Learning (K-5th)

☐ Career Day (6-12th) - *prerequisite Career Exploration*

*The hours included in each plan are the minimum. Some plans may require additional hourly sessions. Prices are based on an hourly rate.*

## Payment Information

**Student's Name: _____ Student's Current Grade: _____**

**Parent's Name: _____ Phone # _____**

**Total Payment: $_____** ***There is a + 1.09% Fee + $0.10 Fee on all Venmo and Zelle transactions.***

**Payment Method -** Payments must be made in full 24 hours prior to the first scheduled appointment.

☐ **Cash** ☐ **Venmo:** @KG-FCSC ☐ **Zelle:** 760-586-1376 / Schools First FCU / kathy.granite@yahoo.com

***Required**

☐ **You agree that all payments are non-refundable**

*You are purchasing a non-refundable service. If your plans change, you are welcome to reschedule your appointment.* ***Please note:*** *Requests to reschedule must be made at least 24 hours in advance. If you request to reschedule within 24 hours of your appointment, you may lose one hour of meeting time, which could disrupt the service provided. To reinstate the lost hour, an additional hourly fee will be required to complete the service.*

*Missed appointments may result in the cancellation of your service.*

*Please call or text* ***760-586-1376*** *or email* ***FreedomofChoiceSC@gmail.com****, and I will be happy to reschedule your appointment for another day that works better for you.*

***Required**

**Signature: _____**

**Parent** **Date**