



BONITA UNIFIED SCHOOL DISTRICT

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Dear Parent or Guardian:

We are pleased to have trained staff from Tri-City Mental Health Center available on campus to provide additional support to students during the school year. Tri-City services are designed to provide short-term assistance to students who are referred to Tri-City staff as a result of suspension or problems that the student’s teacher and/or other school staff have identified as affecting their performance at school.

Before a Tri-City staff member can meet with your child, we will need your permission. Please sign below indicating that you understand the laws on confidentiality, and return this permission slip to the counseling office at your earliest convenience.

Tri-City Mental Health Center services are provided at no charge to students by the Bonita Unified School District in collaboration with the City of La Verne. We look forward to assisting you and your child as the need arises.

Sincerely,

Christine Black

Christine Black
Principal

Parent Permission Form

Please sign below and return this section to the school counseling office or school staff member who is assisting you. Your signature authorizes consent for services provided by the Tri-City Mental Health Center.

CONFIDENTIALITY – All information is kept private, with the exception of the limited sharing of pertinent information between school staff and Tri-City staff except as indicated below.

I have been advised that information provided to Tri-City Mental Health Center staff is treated confidentially and only pertinent information will be shared between Tri-City staff and Bonita Unified School District staff. I further understand that the following are exceptions to the laws governing confidentiality:

- If an individual communicates to a counselor a serious threat to harm an identifiable person, the counselor must warn the identified person and the police.
- If the counselor suspects child abuse or neglect, or abuse of a helpless adult or of an elder, a report must be made to the designated agency.
- If it is determined that an individual is a danger to oneself or others.

Student Name

Student ID Number

Signature of Parent/Guardian

Date

Please PRINT name of Parent/Guardian

Telephone Number

Email Address

Medi-Cal* Insurance (Yes/No)

The Bonita Unified School District is an equal opportunity employer and does not discriminate on the basis of any class protected by law.