



MARIAN CATHOLIC HIGH SCHOOL

An exceptional education rooted in faith, family and tradition.

DATE: _____

DEAR: _____:

Your child, _____, has been referred to the Marian Catholic High School Student Assistance Program (SAP). This voluntary program is available to offer supportive services to students experiencing: _____ academic, _____ behavioral, _____ drug or alcohol/tobacco/vaping violation, and/or _____ emotional difficulties that may pose barriers to school success.

Students can be referred to the SAP team by parents/guardians, school personnel, peers or self-referrals. The SAP team is comprised of specially trained school faculty/staff and mental health and/or drug & alcohol consultants. Our goal is to work with you and to offer support and recommendations for your son/daughter. Where barriers are beyond the scope of the school, the team can provide information so families may access community resources.

You are a vital part of the team and the SAP team values the importance of parent/guardian involvement in this process. A team member is ready to talk with you about the referral and obtain information about your child. With your permission, our SAP team will initiate the SAP process which may include meeting with your child, and/or an assessment with our Child and Family Support Services liaison.

Please complete the bottom portion of this letter and return it to the school as soon as possible. If you have any questions about SAP please call the Dean of Students, who can be reached at 570-467-3335. Thank you.

Parent Permission for SAP Participation and Release of Information

____ **Yes**, I give permission for _____ to participate in the Student Assistance Program. I understand that the Student Assistance Program Team may need to release pertinent and relevant information from his/her records to Child & Family Support Services for the purpose of assessment or referral.

____ **No**, I do not give permission for _____ to participate in the SAP.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____

Mailing Address _____

Phone Number (s) _____

Name of Insurance for Child (optional) _____

Insurance Identification Number (optional) _____

166 Marian Avenue | Tamaqua, Pennsylvania 18252-9789
PH (570) 467-3335 | FAX (570) 467-0186 | www.mariancatholicshs.org

Member of the Middle States Association of Colleges and Secondary Schools.

