



Aurora  
Public  
Schools

**Murphy Creek  
P-8 School**

1400 S. Old Tom  
Morris Rd.  
Aurora, CO 80018

Phone  
303-366-0579

FAX  
303-326-1227

Web  
[aurorak12.org](http://aurorak12.org)

## PERMISSION FOR SCHOOL COUNSELING SERVICES

I, \_\_\_\_\_, (Parent/guardian name)  
give permission for my son/daughter,  
\_\_\_\_\_, to receive individual school  
counseling services/support during the school day at Murphy Creek  
P-8 School. I understand that these services will be on a crisis basis  
and/or for a period of time. Students are usually seen once a week for  
a short period of time as needed. If more time is needed, the school  
counselor may make a referral to an outside counseling agency in our  
community.

These services have been explained to me by Rachel Pierce or  
Mallory Kennedy, School Counselor. Topics covered in these services  
may include the following:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian telephone number or email

Thank you,

Rachel Lefton Pierce  
School Counselor  
Murphy Creek P-8  
[rhperce@aps.k12.co.us](mailto:rhperce@aps.k12.co.us)  
303-366-0579

Mallory Kennedy  
School Counselor  
Murphy Creek P-8  
[mskennedy@aps.k12.co.us](mailto:mskennedy@aps.k12.co.us)  
303-366-0579