

St. Francis of

Accredited by the NEASC
Commission on
Independent Schools



Assisi School

850 Washington Street
Braintree, MA 02184
(781) 848-0842 • Fax: (781) 356-5309
www.sfab.org

August 28, 2014

Dear Parents and Guardians,

I am so very excited to be returning as the School Guidance Counselor at St. Francis of Assisi this year! I am looking forward to once again getting to know you and your children over the 2014-2015 school year for my third year here! As you may have noticed, my name changed to Mrs. Wilkinson because I got married this summer – that was a bit confusing for both the students and the teachers at Summer Camp, as well as for me at times ☺ My job involves many tasks, including talking with students on an individualized basis. As you know, counseling is not only provided for students who experience challenges but for all children to assist them in growing and developing in a healthy manner. Should any difficult or challenging experiences arise in your child's life, or if they ask to come speak with me, I would like the opportunity to help them work through it. I also would love for you to reach out to me via phone or e-mail if you feel that your child would benefit from speaking with me, or if I can be of assistance to your family in any way. Please indicate below if you do NOT permit your child to participate in counseling throughout the 2013-14 school year and return this form to the guidance counselor's office or to your child's classroom teacher.

If you have any questions or concerns, please feel free to call me anytime at the number provided. I look forward to collaborating with you on the best ways to serve your child. Thank you for your cooperation; I have enjoyed seeing – or meeting – you at the Open Houses and Expectation Meetings, and look forward to seeing you at many more events over the school year. Again, I am so pleased to be working with you and your children again this year.

Sincerely,

Bridget PumaWilkinson
Guidance Counselor, St. Francis of Assisi School
(781) 848-0842 x16

_____ I do NOT permit my child to participate in individual counseling.

Student Name _____

Parent/Legal Guardian Signature _____

Date _____