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[www.newmarkeducation.com](http://www.newmarkeducation.com)

Dear Parents,

Newmark School likes to utilize all the resources available to help enhance the education of your child. One important way to do this is to have the school counselor communicate with your child's therapist and/or psychiatrist.

If your child is seeing a therapist or psychiatrist outside the school setting and you would like us to be able to contact them, please fill out the form below and return it to school as soon as possible.

Thank you for your anticipated cooperation in this matter. Please feel free to contact me if you have any questions.

Sincerely,

Gina M. Borea  
Principal

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I hereby give Newmark School permission to contact my child's therapist/psychiatrist.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Therapist Name

\_\_\_\_\_  
Therapist Phone #

\_\_\_\_\_  
Psychiatrist Name

\_\_\_\_\_  
Psychiatrist Phone #

\_\_\_\_\_  
Number of Visits to Therapist per Week, Month, etc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Number of Visits to Psychiatrist per Week, Month, etc.

\_\_\_\_\_  
Date