



Dear Parent:

Please complete the acknowledgement form below and return this entire page to the front office (Charlie Jones) as soon as possible. We need to have your written consent that the therapist you have requested has your permission to work with your child in a one on one setting without a Suzuki School teacher or staff member.

Thank you.

I _____, parent of _____ acknowledges that _____ is an Independent Contractor, and that my child will be receiving services directly from the Independent Contractor and there may not be a staff member of the Suzuki School present while my child is receiving these services from _____.

Parent:

Date:
