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LITTLE SCHOLARS of ARKANSAS

“Embrace your Future”

Dear Parents and Guardians,

LISA Academy Public Charter School-West Campus is offering your child the opportunity to participate in a program that is being offered to our students this school year. We are partnering with Behavioral Health Services of Arkansas (BHSA), as division of Youth Home, Inc., to provide school-based mental health services to our students. The therapist will be part of our team here at LISA Academy and will be providing counseling at the school on a regular basis for many of our students who meet certain criteria for additional support in the areas of behavioral, emotional, social, or academic assistance.

We are excited about the opportunity to provide our students with another support system to help them become the best they can be. Please return this permission form if you would like your child to be evaluated for this exciting program.

For further information, you may contact the school by calling (501) 246-5853.

By signing this form, you are giving permission for the Youth Home therapist to contact you to answer your questions and/or to schedule an appointment.

Student Name (First, Middle, Last) _____ DOB: _____

Address _____

Social Security Number _____

Primary Care Doctor/ Clinic

Medicaid/AR Kids Number, if applicable _____

Grade _____ Teacher _____

Parent/Guardian Name _____

Phone number _____

Best time to call _____

Signature _____