**Academic Assistance**

- Provided on an individual and small group basis for students
- Assistance completing college applications

**Career Planning**

- Assistance with writing resumes
- Assistance with searching for employment

**Support Groups**

*Groups offered based on demand.*

*Topics have included:*
- Anger Management
- Anxiety
- Grief and Loss
- Mindfulness and Meditation
- Relationships

**Individual & Family Counseling**

- Confidential counseling services to youth and their families
- Referrals to other mental health services are available

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**Our Mission**

The goal of the School Based Youth Services Program at Warren Hills Regional School District is for all students, regardless of academic level or background, to get the most out of the school experience. This includes therapeutic, social and recreational opportunities for youth to build on their own strengths to reach success.

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**School Based Programs and Services Available to Students and Families Include:**

- Lunch Time Activities
- After School Activities
- Recreational Trips
- Academic Assistance
- Individual & Family Counseling
- Support Groups
- Career Planning

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Warren Hills High School
41 Jackson Valley Road
Washington, NJ 07882
(908) 689-3050 ext 3617
Recreational Services ext. 3646
Counseling Services ext. 3618

School Based Youth Services Program at Warren Hills is funded through a grant provided by the New Jersey Department of Children and Families, Division of Family and Community Partnerships, administered through the Family Guidance Center of Warren County, in collaboration with the Warren Hills Regional School District.
Consent Form for School Based Youth Services Program (SBYSP)
A program of the Family Guidance Center of Warren County

I ____________________________________________________________ give consent for ________________________________________ to participate in services provided by the SBYSP at Warren Hills Regional School District. The consent applies to all SBYSP services unless noted below.

I do not want my child to participate in the following services:
_________________________________________________________________________

In order to ensure program effectiveness, students may be invited to participate in Student Satisfaction Surveys and other assessments that help us better serve students.

Your response to this question does not impact ability to participate in SBYSP services. This is simply a piece of information required by our funders: Dept. of Children and Families.

I realize that this consent is valid as long as this student is enrolled in the WHRSD, but can be withdrawn by me, in writing, at any time.

My family’s home address is:
Street Address_____________________________________________________________
City, State & Zip Code______________________________________________________

I can be reached at:
Cell or Home phone #:___________________________  Guardian’s Phone:_______________________

Your emaill here:
If you would like to receive emails regarding upcoming School Based events (up to 6 times per year) enter

Initial here to grant permission for this student’s image (without name) to be published on School Based’s website, social media, or press releases: YES  NO  UNSURE

Your response to this question does not impact ability to participate in SB services. This is simply a piece of information required by our funders: Dept. of Children and Families.

YES  NO  UNSURE  Is your student/you eligible for reduced or free lunch?

Your student/you are:

Your email here:

(name of student)

(name of parent or guardian, or student if 16 or older)

Date

Give consent for

Student’s Signature if over 16