**[Name of] Group**

Your child is invited to be a part of a [Name of] Group. The group will focus on [content], such as: [examples, etc.]. If you would like your child to attend, please fill out the attached consent, and send back to school. The group will meet for 30 minutes during the school day, for up to 6 times. I think the group would be beneficial for any student, and I would love for your child to be able to attend.

If you have any questions or concerns, please contact:

[Your Name]

School Counselor

972.882.XXXX

[email]

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