



August 31, 2017

Dear Parents:

I look forward to working with your child. In order to do so, please provide your consent filling out the form below and e-mail it directly back to me at the address below. If you have any questions and/or concerns please feel free to contact me directly at the school at (732) 251-3090 or via e-mail [LDeCillis@icsspotswood.com](mailto:LDeCillis@icsspotswood.com).

Thank you for your time and consideration.

Best,

Laura De Cillis MSW, LMSW, LSW  
Immaculate Conception School Counselor

Date: \_\_\_\_\_ Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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



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IMMACULATE CONCEPTION SCHOOL

Rev. Msgr. Joseph M. Curry, Pastor  
[jcurry@icspotswood.com](mailto:jcurry@icspotswood.com)

Miss Mary R. Erath, Principal  
[Merath@icspotswood.com](mailto:Merath@icspotswood.com)