



HALLIE TURNER PRIVATE SCHOOL

Accredited by the Georgia Accrediting Commission

P.O. Box 12008 • 2917 University Avenue

Columbus, Georgia 31917-2008

(706) 561-3518 • Fax: (706) 561-4619

COUNSELOR PERMISSION FORM

SCHOOL: _____

STUDENT NAME: _____

DOB: _____

Permission is granted for the above named student to attend Hallie Turner Private School to take the following courses. Upon completion of these courses credit will be accepted. Please visit our web site at www.hallieturnerschool.com for courses available or contact us at the above phone number.

Subject _____ Whole Half

Subject _____ Whole Half

Subject _____ Whole Half

Counselor/Administrator

Date