

Registration for Mental Wellness Services

Date: _____

To Whom It May Concern,

I am writing to formally register for mental wellness services provided at [School Name].

Student Information:

- Name: _____
- Grade: _____
- Parent/Guardian Name: _____
- Contact Number: _____

Reason for Registration:

Please let me know the next steps to initiate the support process. I appreciate your assistance and look forward to your response.

Thank you.

Sincerely,

(Signature)

(Printed Name)