

Program Letterhead

Dear Parents:

Next fall your child will be entering the public school system. To make the transition from the _____ classroom to kindergarten, we are asking that you sign the release form below and return it to your child's teacher. This will enable us to transfer the following records and/or release information to the appropriate school district.

Sincerely,

Education / Transition Manager

I give my permission for the _____ Program to release/transfer the following information regarding my child to the appropriate school district:

- _____ **Education** (assessment summary, transition summary...)
- _____ **Health** (physical, dental, immunizations, special health issues...)
- _____ **Mental Health** (agency name: _____)
- _____ **Family Information and Parent Involvement:**
 - _____ Custody Papers _____ Classroom Volunteer
 - _____ Guardianship _____ Policy Council Member
 - _____ Foster Child _____ Working Parent
 - _____ Parent Attending School
- _____ **Early Intervention** (Agency name: _____)
(Service: _____)
- _____ **Attendance**

Child's Name: _____

D.O.B.: _____

School District: _____

Parent's Signature: _____

Date: _____

This permission slip will be in effect from the date signed through the child's kindergarten year.