

CONSENT TO OBTAIN INFORMATION

Student Name: _____

Date: _____

School Year: _____

Dear Parent/Guardian:

In order to support your child's transition into Kindergarten, we are requesting your written consent to obtain the below information.

Please check off all that apply;

_____ Preschool Records

_____ Evaluations; Psychological, Educational, Occupational, Physical Therapy,
Social History

_____ Copy of the IEP and/or 504 Plan

_____ Consent to contact any outside providers/reports, if applicable.

Name: _____

Phone: _____

Email: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Signature: _____

Date: _____