



505 Broadway  
Dobbs Ferry, NY 10522  
t 914.693-1500  
f 914.693-5952  
<http://www.dfsd.org>

Dear Parent/Guardian,

We would like your permission to obtain information about your child’s learning style, and basic academic and social skills from his or her preschool or day care teacher. We find that communication with preschool personnel helps to facilitate the student’s transition from preschool to elementary school. The preschool teacher is familiar with your child and many facets of his or her development and school life.

Sharing this information with us assists in making class placement decisions, and can help the kindergarten teacher work effectively with your child during his/her first year in elementary school.

If you would like to give us permission to obtain information, please sign the consent form below and bring it with you at registration time.

Thank you for helping to make the transition from preschool to elementary school a smooth one for your child.

Sincerely,

Julia D. Drake  
Principal

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**CONSENT FOR RELEASE OF PRESCHOOL INFORMATION**

I give permission for Springhurst Elementary School to obtain information from the following preschool or day care center concerning my child:

**Child’s Name:** \_\_\_\_\_

Preschool/Day Care: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email of Preschool Contact: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_