

# PERMISSION FOR COMMUNICATION WITH PRESCHOOL

Dear Parent/Guardian,

Please complete the attached permission slip granting your child's Preschool the right to share information with the Arlington Public Schools and **bring this form with you to registration.**

This information will be used to assist teachers in appropriately placing children within their Kindergarten classrooms and is used system wide.

The information shared will not be kept on permanent record with your child's file. Copies of information shared can be requested upon entry into Kindergarten in the fall.

Thank you!

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I, \_\_\_\_\_, give permission for the  
Parent/Guardian

Arlington Public Schools and

\_\_\_\_\_,  
Child's Current Educational Placement

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone #

to openly communicate information, including written documentation

and/or oral reports, pertaining to my child, \_\_\_\_\_.  
Child's name

DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I understand that the release of this information is for the purpose and planning of the educational program for the above named student.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date