



Transition to Kindergarten Consent for Release of Information

The _____
(Name of Preschool/Nursery School/Daycare Center/Family Childcare Provider, etc.)

located at _____
(Address)

has enjoyed teaching your child and observing his/her progress. Information regarding your child's progress will be helpful to the kindergarten teacher working with your child next school year. The information will be shared on a checklist about learning progress and learning behaviors.

By signing this form, you are granting permission for this information to be shared with the kindergarten teachers/staff of your child's school to help to support an effective transition to kindergarten.

PERMISSION FORM

I give permission for student information about my child,

_____ to be released from
(Student's last name) (Student's first name)

(Name of Preschool/Nursery School/Daycare/Childcare/Head Start Program)

To be shared with:

_____ Elementary School to support my child's
transition to Kindergarten.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date: _____

Parent Phone # _____ Email _____

This release is good for one year from the date it is signed