

PERMISSION TO RELEASE INFORMATION AND ALLOW OBSERVATION: IMPORTANT PARENT AUTHORIZATION FORM

Instructions to Parents:

Your signature on this form gives your child's current school permission to provide CCS information about your child and your family. It also allows CCS permission to observe your child at this school.

<u>Please sign this form and forward it to your child's school</u>. It is the responsibility of the parent or guardian to forward this signed form to the applicant's current or former school.

The following child has applied for permission to Children's Community School:

Child's Full Name		
Birthdate	Current Grade	
I hereby authorize the release and/or exchange of info student between Children's Community School and:	ormation/transcripts/repor	t cards/etc. regarding the above
Current or Former School		
Address		
City	State	Zip
I AUTHORIZE A REPRESENTATIVE OF CHILDREN'S COM	AMUNITY SCHOOL TO OBSI	ERVE MY CHILD ON YOUR PREMISES.
Signature of Parent	Date	
Instructions to applicant's school:		
Please send all records/evaluations pertaining to the a	Children's Attn: Ad 14702 Syl	s Community School missions van Street , California 91411
Please <u>retain this Authorization Form</u> for your record convenient time to visit your school and observe the		g you soon to arrange a mutally
If you have any questions, please don't hesitate to con	tact us at 818.780.6226.	

Please mail the associated <u>Teacher Evaluation Form</u> for this student to Children's Community School.

Thank you!