

Dear Parent:

In order to assist us in making recommendations regarding your child's enrollment in kindergarten, we are requesting permission to speak with his or her preschool teacher and/or to receive a copy of the preschool records. We ask that you please complete the following information so that we can obtain this information/records.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Preschool \_\_\_\_\_

Preschool Teacher \_\_\_\_\_

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I grant permission for personnel from the Marietta City Schools district to contact my child's preschool teacher for the purpose of discussing his or her progress in preschool. Information regarding my child's performance on the kindergarten screening instrument may be discussed with the preschool teacher. I also grant permission for the preschool to send copies of my child's records to the Marietta City Schools district – if so requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian