



PLEASE SUBMIT THIS FORM TO YOUR CHILD'S CURRENT SCHOOL

To Parents:

Please complete and sign this Report Release form and send it to your child's current pre-school. This will authorize the current pre-school to send a Confidential Report to the Admissions Office of The Calhoun School, 160 West 74th Street, New York, NY 10023, by fax 212-497-6540, or email Casey.Nicklis@calhoun.org

TO THE SCHOOL DIRECTOR

Name of School

Address of School

City

State

Zip

I hereby authorize you to complete and send a Confidential Report for my child, _____ to The Calhoun School.

Should you need a copy of the ISAAGNY Confidential Report Form, please call us at 212-497-6575 or e-mail: robin.otton@calhoun.org.

I understand that the Report is confidential between the sending school and The Calhoun School.

Thank you.

Parent's/Guardian's Signature

Date