



FRANKLIN ROAD ACADEMY

PERMISSION FOR PRESCHOOL VISITATION

Name of Applicant: _____

School/Program currently attending: _____

School/Program address: _____

City, State and Zip: _____

Phone Number: _____

Fax Number: _____

Director or Principal: _____

Days attending school/program: **M** **T** **W** **TH** **F**

This letter confirms my permission for the staff of Franklin Road Academy to visit my child's pre-school.

I understand that Franklin Road Academy will notify my child's preschool administrators concerning the visit. I realize that this will be a confidential visit in which the children will be unaware of its purpose. All information will be held in absolute confidence and students, parents, and guardians will not have access to such information.

Parent/Guardian Signature: _____ Date: _____

When you have completed this form, please mail it directly to:

Franklin Road Academy Admission Office
4700 Franklin Pike
Nashville, TN 37220