

Allen East Preschool Release/Permission Form

Child's Name _____

Child Release

Persons my child may be released to:

Adult to be released to:	Relationship to the child:

(Parent's Signature)

(Date)

Parent Roster Statement

I give permission for my child's name, parent's (and/or guardian's) name, and telephone number to be listed on a class roster that will be given to parents of my child's class only upon request. This is done annually according to the Ohio Revised Code.

I would like to be included on this roster

I would not like to be included on this roster

(Parent's Signature)

(Date)

Assessment & Evaluation

I understand that my child will complete assessments and evaluations that will be given in the Allen East preschool unit. I further understand that these assessments and evaluations could be reported to the State of Ohio for data purposes. I also understand that my child's name will not be reported, only the results.

(Parent's Signature)

(Date)