



SOARING TO EXCELLENCE  
**WAVERLY**  
SCHOOL

*Caitlin Mondelli - Waverly School Principal*

**WAVERLY REGISTRANT PARENT CONSENT FORM**  
**2025-2026 School Year**

**Parent's name:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

**Name of preschool:** \_\_\_\_\_

**Preschool address:** \_\_\_\_\_

**Phone/Fax #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

In order to properly place your child in a kindergarten class, it is important for the Waverly screening team to gather information pertaining to his or her performance in preschool.

I give my consent for the Waverly School screening team to request and utilize information from my child's preschool to assist in placing my child in a kindergarten class.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date