



**CAMPBELL RIVER**  
School District 72

## Parent Permission Form for Exchange of Confidential Information: Kindergarten Transition Year

Student Name: \_\_\_\_\_

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

As the parent/guardian of the above named child, I give my permission for the exchange of confidential information which has educational implications for my child, between Campbell River School District representatives (kindergarten teachers, Learning Support staff, principal/vice-principal) and early child care service providers (daycares, child development centres) or any other(s) authorized by the parent/guardian.

Other(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current School: \_\_\_\_\_

Signed: \_\_\_\_\_

Parent/Guardian Signature

Date: \_\_\_\_\_

Valid for one year from this date.