



**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.