



***Katonah-Lewisboro School District***

**Preschool Release of Information Form**

**My child's name is** \_\_\_\_\_

Please check one:

\_\_\_\_\_ I give permission to the Katonah-Lewisboro School's kindergarten teacher and/or administrator to contact my child's preschool for information supporting the kindergarten transition.

**Name of Preschool:** \_\_\_\_\_

**Phone # of Preschool:** \_\_\_\_\_

**Teacher(s) Name:** \_\_\_\_\_

\_\_\_\_\_ I **do not** give permission to contact my child's preschool teacher.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_