



Previous School: _____

Address: _____

I hereby grant permission for the release of all grades, psychological tests, health records and other information important to the education of my child/children.

(Child's Name)

(Grade)

(Date of Birth)

(Signature of Parent or Guardian)

(Date)

2502 Spencerville Road; Spencerville, MD 20868

Phone: (301) 421-9101; Fax 421-0007