TO THE PARENT
As part of the process of becoming better informed about a prospective student and his or her family, it is important for The Willows to review information from the child’s present school. Oftentimes, such information contains professional comments concerning the child and the child’s family, which are confidential in nature.

Child’s name ____________________________________ Applying for grade _____

I hereby grant permission to release and/or exchange information regarding the above named student and The Willows Community School. The undersigned recognizes that the information released and/or exchanged may contain professional comments concerning the child and the child’s family and hereby waives on behalf of the child and the child’s family all rights concerning access to such comments.

Records authorized for release:

_____ Progress reports, Test Information, Attendance
_____ Special Medical/Immunization Records
_____ Psychological

TO THE SCHOOL
Please send copies of the transcript and appropriate records to:

The Willows Community School
Attn: Kim Feldman, Director of Admissions
8509 Higuera Street
Culver City, CA 90232

Parent’s Signature ____________________________ Date ______________