



Charter School at Pennsbury

## Release of Information

Childs Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_

I hereby give permission to **Center for Student Learning Charter School** to obtain information from:

\_\_\_\_\_

Please forward the requested information to Cindy Rogers by Fax 215-269-7395 or Email [crogers@cslcharter.org](mailto:crogers@cslcharter.org)

This information is needed for Intake Consideration and Enrollment placement. Your Prompt response would be greatly appreciated.

### Information is to include:

- |  |   |
|--|---|
| <input type="checkbox"/> IEP               | <input type="checkbox"/> Report cards       |
| <input type="checkbox"/> Evaluation Report | <input type="checkbox"/> Progress Reports   |
| <input type="checkbox"/> Transcript        | <input type="checkbox"/> Medical records    |
| <input type="checkbox"/> Progress reports  | <input type="checkbox"/> Attendance records |
| <input type="checkbox"/> Other             |   |
| (Specify) _____                            |   |

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
CSL Staff/Date