

KINGWOOD TOWNSHIP SCHOOL
880 County Road 519
Frenchtown, New Jersey 08825

DATE: _____

STUDENT NAME: _____

BIRTH DATE: _____

I give permission for the above school and Child Study Team to:

_____ receive information from:

_____ send information to:

This release includes all pertinent and relevant information in the cumulative file and health file and confidential Child Study Team file, when applicable.

Stipulations and/or comments: _____

Parent or Guardian Signature

Witness