



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:** _____