



School Release Form

We would like to visit your child's school after your child begins attending the Center. Although we prefer to visit after we've worked with your child for several sessions, we are willing to do so earlier, upon your request.

Please provide as much of the following information as possible to help us plan the visit.

School: _____ Phone Number: _____

Principal: _____ Secretary: _____

School Counselor: _____

Teacher(s) and Subjects: _____

I give California Learning Center permission to contact my child's school and the key individuals listed above. I give California Learning Center and my child's school permission to share information about my child. I have a copy of this release.

My child's name: _____ Grade: _____

***Parent or Guardian**

Print name Signature Relationship Date

***CLC Representative**

Print name Signature Position Date