



I give permission to _____ to

share the following information with Sioux City Schools:

- The following enrollment forms: emergency card and birth certificate
- All scholarship information (if applicable)
- Assessment data
- Kindergarten transition form
- Any interventions (behavioral or academic) that were tried to help my child be successful
- Most recent immunization records, physical, and lead screen
- Health care plan (if applicable)

Child's Name: _____

Parent Signature: _____

Parent's Printed Name: _____

Date: _____