

## Permission to Contact

Student: \_\_\_\_\_

Present School: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Charlottesville Waldorf School has my permission to contact personnel at my child's previous school(s) regarding my child's performance and attendance.

\_\_\_\_\_  
Parent's Signature

Date: \_\_\_\_\_

Please return this form with the application.