



Torrington Public Schools

SUSAN M. LUBOMSKI
ASSISTANT SUPERINTENDENT

DENISE L. CLEMONS
SUPERINTENDENT

Parent Authorization for Release of Child's Demographic Information to the Torrington Public Schools

I hereby give my permission to _____ to forward my
(name of early childhood care/education provider)

child _____'s name/address/parent or guardian name/
(name of child)

telephone number and primary language spoken at home to the Torrington Public School District.

This information is being forwarded to better assist the Torrington Public Schools in transitioning children into kindergarten and will not be used for any other purpose.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Legal guardian of _____
(Name of child)

Phone _____

Address _____

Parents Name _____

DOB _____ Language Spoken _____

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