



# Caledonia Christian School

PO Box 3  
St. Johnsbury, VT 05819  
(802) 748-9528  
www.caledoniachristianschool.com

## Consultation Permission\*

Dear Sir or Madam,

The following student has applied for admission to our school:

\_\_\_\_\_

Student Name

By their signature in the box below, the Parent or Guardian of this student has granted permission for our teaching staff to consult with you regarding any educational, testing, health or other pertinent information that you may have that will help us craft the very best program for this student.

Thank you very much.

Sincerely,

School Official/Principal

### Parent/Guardian Permission

I hereby grant permission for CCS teachers to consult with my child's prior educators,

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**\*This form is optional but we believe it will help us do the best job for you and your child.**