

OUR LADY *of the* LAKE
SCHOOL



INFORMATION RELEASE

SCHOOL

ADDRESS

CITY, STATE ZIP

PHONE NUMBER

_____, a student in the _____ grade of your school has applied to Our Lady of the Lake School. I grant permission for personnel at Our Lady of the Lake School to consult with personnel at the above named school about my child's behavior and performance.

Signature of Parent or
Legal Guardian

Date