

Kindergarten Registration

Parent Consent for Disclosure

I give my permission for \_\_\_\_\_ to verbally  
Name of Preschool, or Family Child Care provider

share information regarding my child, \_\_\_\_\_

with the Martha's Vineyard Public Schools Early Childhood Coordinator and staff of the  
Tisbury School for the purpose of Kindergarten transition, and educational planning.

Thank you.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date