

6. Parent/Guardian CONSENT FOR RELEASE OF RECORDS and Signature:

I, the parent or guardian of the student identified on this application, understand that the District will need to review the student's educational records in order to process this application, determine his/her eligibility to attend the above-listed course(s), and to provide appropriate instruction. Accordingly, I grant my permission for any school identified in section 3 or 5 of this application, at any time within 6 months of the date of this application, to provide to the District a copy of the student's records, including his/her academic, progress, and behavioral records as defined under section 118.125 of the Wisconsin Statutes.

Parent/Guardian Signature

Print Name

Date

Daytime Telephone

Form last revised on: 7/10/2017