

I, grant permission* to the Transition staff to discuss information regarding my child, (as indicated below) with community employers and instructors in relation to work-based learning opportunities, work training opportunities, work training opportunities and social/recreational opportunities.

- | | | |
|--|--|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Grades | <input type="checkbox"/> The program my child is enrolled in |
| <input type="checkbox"/> Address | <input type="checkbox"/> Attendance | <input type="checkbox"/> Medical concerns |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Discipline | |
| <input type="checkbox"/> Birthdate | <input type="checkbox"/> Behavior | |
| <input type="checkbox"/> Current grade level | <input type="checkbox"/> Vocational skills | |

Parent Signature

Date

**The authorized permission is valid for the current school year only.*