



# CONSENT

## FOR THE CALGARY JEWISH ACADEMY TO OBTAIN CONFIDENTIAL INFORMATION

To be completed if the child did not attend the Calgary Jewish Academy (CJA) during the previous school year, but did attend another school or childcare facility.

I give my permission to The Calgary Jewish Academy (CJA) to contact any previous education or child care institution for information to be used by the CJA to determine whether it is able to offer an appropriate program.		
I give permission to such institution/s to release to the CJA academic records, disciplinary reports, psycho-educational, occupational therapy, and speech/language assessments which have been completed for:		
<b>Name of Student:</b>		<b>Entering Grade:</b>
<b>Requesting from:</b> (Previous School or Childcare Facility)		
<b>Tel No:</b>	<b>Email:</b>	<b>Fax Number:</b>
<b>Name of Parent:</b>		
<b>Signature of Parent:</b> X _____		<b>Date:</b>
<b>Office Authorization:</b> (CJA School Records Officer)		