Dedham Public Schools

Home of America's First Tax-Supported Free Public School

Early Childhood Education Center

1100 High Street
Dedham, MA 02026
Phone 781-310-8000 Fax 781-326-6445

RELEASE OF RECORDS (Grades PK & K)

I request a	and consent to the release of records and information con-	cerning my child
	(Student's Name)	From
Name of	School	
Address	of School	
Phone N	fumber Fax Number	
The follow child:	ving information is relevant to developing an appropriate and in	nformed educational plan for my
7. 8.	Cumulative Records Transcript of Grades (with an explanation of marking system Health Records Attendance Record Discipline Record Relevant Special Education/Chapter 766 Information (i.e., IF PT/OT/SPL testing/reports, family development, social histor 504 Plan	EP, psychological evaluations, ory, etc.)
release a tr other infor student. B	athorize you in my capacity as parent/legal guardian of the aboranscript, test results, any special needs information, health recommation requested. This information is to be used in determining to the written information and telephone conversations are permiting for my child.	ord, disciplinary records and any ng the admission status of this
	Parent/Guardian Signature	Date
New Home	e or Forwarding Address	