This *optional* form allows a Non-legal guardian to have access to your child's student information such as behavior, attendance, grades, progress, etc.

Allendale Public Schools
Consent To Share Information

(Permission from Parent/Legal Guardian to share information)

I,_____ authorize_____
(Print **Parent/Legal Guardian Name**) (Print **Non-Legal Guardian Individual**)

to exchange verbal and/or written information with any Allendale Public Schools staff in regards to my child(ren) listed below:

_____ _____

_____ _____

_____ _____

Relationship of Non-Legal Guardian to Student(s): _____

I authorize Allendale Public Schools to contact the individual listed above to share any pertinent information or to discuss any educational, social, and psychological information pertaining to my child(ren) listed above. I understand that I may revoke this "consent" at anytime by contacting Allendale Public Schools Administration.

Comments:_____

_____

_____

_____

Signature of (at least) one Parent/Legal Guardian is required.

_____ _____
Signature of Parent/Legal Guardian Date

_____ _____
Signature of Parent/Legal Guardian Date