



PARENTS' CONSENT TO RELEASE INFORMATION

SCHOOL RECOMMENDATION AND CLASSROOM OBSERVATION

Admissions representatives from Sacred Heart Schools have my/our permission to:

- receive a completed copy of the Common Recommendation Form from my child's preschool teacher(s),
- schedule a classroom observation (if the preschool allows visits),
- contact my child's teachers, if needed.

Parent Signature

Date

Parents: Please sign above and provide the information requested below.

Applicant's Name

Preschool

School Phone

Address

City

State

Zip

School Director

Classroom Teacher(s)

Please circle days child attends program: Monday Tuesday Wednesday Thursday Friday

Please indicate if program is: Morning Afternoon Full Day

The Common Recommendation Form should be completed by the child's classroom teacher and returned to the Admissions Office by:

Sacred Heart Schools Admissions Office
6250 N. Sheridan Road Chicago, Illinois 773-681-8401 Fax 773-262-6178