



Tri-County Opportunities Council

Community Action Agency

405 Emmons Avenue • P.O. Box 610 • Rock Falls, Illinois 61071
Phone: (815) 625-7830 Voice/TTY • 1-800-323-5434



Dear Parent/Guardian:

In order to better facilitate your child's transition from Head Start into kindergarten we need your permission to release our records to the school your child will be attending in the fall.

PLEASE COMPLETE THE FOLLOWING AND RETURN TO YOUR CHILD'S TEACHER. COMPLETELY FILL OUT THE TOP INFORMATION SECTION, CHECK EACH APPROPRIATE ITEM, SIGN YOUR NAME AND DATE.

CHILD'S NAME: _____ TOWN: _____

HEAD START TEACHER: _____

SCHOOL AND TOWN YOUR CHILD WILL ATTEND IN THE FALL:

(School Name)

(Town where school is located)

I give my permission for Tri-County Opportunities Council Head Start to release the following records to the school my child will be attending in the fall.

- Medical exam results (physical) – depending on date of exam
- Dental exam results – depending on date of exam
- Immunization records
- Lead test date
- Hearing and Vision test results
- Developmental screening results
- Assessment results and end of year Progress Reports
- Individual Education Plan (IEP) – if applicable
- Results of diagnostic evaluation – if applicable

PARENT/GUARDIAN SIGNATURE(S): _____

DATE: _____

These records will be delivered to your child's school only if a school name and town are indicated on this form. If you don't know which school your child will be attending, you may call our office and request that the records be sent to you. It will then be your responsibility to deliver them to your child's school in the fall.



Serving Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark and Whiteside Counties, Illinois

