

1001 SW Baseline St., Hillsboro, OR 97123 Phone: (503) 648-6646 Fax: (971)223-6114

SCHOOL DISTRICT RELEASE OF INFORMATION

Community Action is committed to recognizing and supporting parents as their child's first and lifelong educators. To provide opportunities for Head Start families to engage with and participate in decisions related to their child's education, Community Action has developed partnerships with local elementary schools where Head Start children will attend. We strive to promote ongoing communication between families and educators both within Head Start and the child's future elementary school district, to ensure that every child is ready for kindergarten, and to make the transition comfortable for child and family.

CHILD'S NAME		CHILD'S DATE OF BIRTH	HEAD START CENTER/PROGRAM	
PUBLIC SCHOOL (if known)		SCHOOL DISTRICT		
Please initial each b	ox to authorize the sha	aring of information between Commu	nity Action and the School District listed.	
		TION (Name, address, phone number to register the child into the school's a	· · · · · · · · · · · · · · · · · · ·	
		CHILD INFORMATION (Name, address, date of birth) (Info will be used to register the child into the school's data base system)		
	CHILD EDUCATIONAL INFORMATION (Assessments, My TS, individualization) (Info Will be used to provide ongoing educational support to the child)			
	FAMILY GOALS (Info will be used t	FAMILY GOALS (Info will be used to collaborate family resource systems between Head Start and the district)		
	OTHER (Specify – do not leave blank):			
SPECIFICALLY CONSI			cted by Federal and State Law, and I ay be revoked at any time by written	
Print Parent or Gua	rdian Name			
Signature of Parent or Guardian		Date Signed	Expiration Date (1 yr. from date signed)	

White: File Copy Yellow: Parent Copy Pink: School District