

# Swallow School



Hello Kindergarten Parents,

In preparation for next year we would like to get to know our future students the best we can. In getting to know each child it helps us to not only best plan our instruction, but inform administration for classroom placements. We want each classroom environment to be the strongest it can be.

Below is a request to contact your child's preschool, daycare, and/or 4-K teachers. We appreciate knowing previous teachers' impressions of your child to help make a smooth transition to kindergarten and to help provide the most supportive and appropriate classroom situation for your child.

Please fill out the information below and return it at Kindergarten screening.

Thank you for your time and support. We look forward to meeting you!

Sincerely,

Swallow Kindergarten Team

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Parent Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Current Teacher and School:  
\_\_\_\_\_

Do we have your permission to contact the lead teacher at this school?

Yes \_\_\_\_\_ No \_\_\_\_\_

Teacher/School Phone Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_