



Anglican International School, Jerusalem

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RELEASE FORM FOR STUDENT EDUCATIONAL AND MEDICAL INFORMATION AND RECORDS

Student: _____

Date: _____

Birthdate: _____

Grade: _____

I authorize the appropriate staff member(s) of the Anglican International School, Jerusalem, to contact medical, psychological and educational professionals for the release of information and records deemed necessary for the educational evaluation and program design for my child, _____

Parent Name: _____

Parent Signature: _____