



Teacher/Admin Communication Request Form

The following student is considering applying to The Liberty School:

Full Legal Name: _____
(First) (Middle) (Last)

This document provides parental permission for The Liberty School to communicate with this student's current school, including teachers and/or the school counselor, to determine such things as strengths, challenges, work habits, and classroom behavior.

(Parent or Guardian's Printed Name)

(Parent or Guardian's Signature)

(Date)