

# Prekindergarten Screening

## Statement of Consent

I hereby give my consent to have my child participate in the Prekindergarten screening program in the Meridian School District. I understand that all information given is strictly confidential and will be used for the purpose of determining whether my child is eligible for public school educational services.

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Signature of parent or guardian

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Date

Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Child's Primary Living Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent or Guardian Best Contact Phone Number \_\_\_\_\_