

Wenatchee School District  
SPECIAL EDUCATION  
112 SOUTH ELLIOTT  
WENATCHEE, WA 98801  
(509) 663-7117

**PARENT RELEASE FORM**

I hereby grant permission for the Wenatchee School District Preschool staff to observe my child, \_\_\_\_\_, at his/her current placement, \_\_\_\_\_.

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**Signature**

**Date**

I hereby grant permission for the Wenatchee School District Preschool staff to meet with my child's current teacher, \_\_\_\_\_, to discuss program information related to transition of my child to the school district.

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**Signature**

**Date**