



GRACE INTERNATIONAL SCHOOL

ENABLE | EQUIP | CULTIVATE

PARENT RELEASE OF INFORMATION FOR DORM/HOSTEL/GUARDIAN

For the school year 20____ - 20____ school year, I (printed parent name)
(학 부모 성명) _____, parent of (printed student name)
(학 생성명) _____ give permission for (printed names)
(기숙사 대리 부모 성명) _____ to have access to the above named
student's records as indicated below:

Family Web

- Attendance records
- Grades, progress reports and other teacher communication
- Standardized test scores
- Health information and records on file with the school nurse

Yes___ No ___

Information and records on file with the school counselor

Yes___ No ___

Other comments:

At least one Parent signature : _____ Date: _____

Guardian signature: _____ Date: _____