

CARROLL EDUCATIONAL GROUP, INC.

Please turn this form into the school's main office or to the party responsible for maintaining student records.

Waiver of Communication

I _____ (Parent/Guardian of Student) give permission to _____ (name of school) to communicate with Jonathan Carroll and or other members of Carroll Educational Group concerning _____ (name of child) for the school year _____. In addition, Jonathan Carroll and members of Carroll Educational Group shall have access to any school documents.

Signed,

_____ (Parent/Guardian) _____ (Date)

_____ (School Representative/Title) _____ (Date)