



Learning and loving it!

Parents: Please complete and sign, below. Return this form to Halifax Independent School.

Parental Consent:

I authorize the Principal and teachers of the applicant's current and/or past schools to release information to the Admissions Department of Halifax Independent School via phone consultation and/or a Confidential School Report. I understand that the schools contacted will return the Confidential School Report directly to Halifax Independent School. As a confidential report, it will be considered valid only if it is returned directly from the school.

Signature of Parent/Guardian: _____

Date: _____

Name of Parent/Guardian (please print): _____

Name of Student Applicant: _____