

Halifax Independent School



3331 Connaught Ave.
Halifax, Nova Scotia
B3L 3B4

tel: (902) 423-9777

fax: (902) 423-9555

www.halifaxindependentschool.ns.ca

Parents: Please complete and sign, below. Pass this form, along with the Confidential School Report, to your child's current school.

Parental Consent:

I authorize the Principal and teachers of the applicant's present 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: _____

Learning & Loving it
Pre-Primary through Grade 9