

Screening Exit Signature Form

Child's First Name

Child's Last Name

I acknowledge that I met with screening personnel and that when a preschool opening for my child exists, I will be contacted by the school district. Should there be additional steps in the screening process, I have been notified of the process and a contact person to follow up with.

Parent/ Guardian Name (Print)

Signature of Parent/ Guardian

If you have further questions please call:

School District Contact Name // Title

Phone Number



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