



INFORMATION RELEASE FORM

I/We (please print):

Give permission to Bi-Cultural Day School to obtain information from:

School/Professional _____

Address _____

Telephone _____ Email _____

Contact Person/Title _____

In reference to:

Name _____

Grade _____ Date of Birth _____

For the purpose of enrollment at Bi-Cultural Day School:

Parent/Guardian signature _____ Date _____

Parent/Guardian
signature _____ Date _____

1955 Celebrating 55 Years of Excellence 2012

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office@bcds.org

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