



## **Chokhlei Academy Parent Communication Release Form**

I, \_\_\_\_\_, hereby authorize and consent to the communication between the staff of Chokhlei Academy and the teachers and faculty members involved in the education and well-being of my child, \_\_\_\_\_. This communication is permitted for the purpose of facilitating my child's academic progress, ensuring their welfare, and supporting their overall educational experience at Chokhlei Academy.

I understand that the communication may involve discussions regarding my child's academic performance, behavior, social interactions, health, and any other matters relevant to their education and development.

I acknowledge that any information shared during these communications will be treated with confidentiality and used solely for the benefit of my child's educational journey at Chokhlei Academy.

I hereby release Chokhlei Academy and its representatives from any liability arising from the communication between the staff and the teachers/faculty members, provided that such communication is conducted in good faith and in accordance with the policies and procedures of Chokhlei Academy.

This release shall remain in effect unless revoked by me in writing.

[Parent/Guardian Name] (Signature):

\_\_\_\_\_

Date:

\_\_\_\_\_

[Chokhlei Academy Representative] (Signature):

\_\_\_\_\_

Date:

\_\_\_\_\_

