

# Pasadena Christian School

## Parent Authorization for Onsite Observation

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_@\_\_\_\_\_

Please sign the appropriate statement. Once your signed authorization form is received, PCS will arrange your child's school observation.

**Yes**, I authorize an onsite observation for my child, \_\_\_\_\_ to

(child's name)

be conducted at Pasadena Christian School by \_\_\_\_\_ on

(professional's name)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Date \_\_\_\_\_

(Parent/Guardian signature)

**No**, I do not authorize an onsite observation for my child, \_\_\_\_\_ to be

(child's name)

conducted at Pasadena Christian School by \_\_\_\_\_.

(professional's name)

\_\_\_\_\_  
Date \_\_\_\_\_

(Parent/Guardian signature)

Please return this signed form to Vikki Mele, Emerging Needs Coordinator, Pasadena Christian School prior to your child's observation.