

# Pasadena Christian School Confidential Parental Release for Reading Lab Enrollment

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

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please read and sign the appropriate statements. Once the signed **Parental Release for Reading Lab** form is received, your child will begin their scheduled sessions.

**Yes**, I want my child, \_\_\_\_\_ to be enrolled in the Reading Lab. I understand  
(student's name)  
that my child's sessions occur during instruction time and that my child is responsible for the missed work and instruction. This free service will be conducted in the Enrichment Center at Pasadena Christian School.

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian signature)

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**No**, I do not want my child, \_\_\_\_\_ to be enrolled in the Reading Lab.  
(student's name)

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian signature)

Please return this signed form as soon as possible to Vikki Mele, Emerging Needs Coordinator, Pasadena Christian School.