

ZION LUTHERAN SCHOOL

495 9th Avenue • San Francisco, CA 94118 • Tel: 415.221.7500 • www.zionsfschool.org • admissions@zionsf.org

Student Recommendation Release

Authorization to Release Information from:

Former School: _____

School address: _____

School phone number: _____

I / We authorize the release of developmental recommendations based on the acting teacher or director at the school which my child attends/has attended. These recommendations are based on the social, physical, and academic skills of my son/daughter and are used solely to further Zion Lutheran School's knowledge of whether the student is perceived as ready to continue his/her education with confidence. *These recommendations are not the sole factor used to predetermine readiness.*

Child's Name _____ D.O.B. _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

The information is to be used for educational purposes only.

Signature: _____ Date: _____

Zion Lutheran School admits students of any race, color, and national or ethnic origin.