



**FRENCH-AMERICAN SCHOOL**  
**OF RHODE ISLAND**  
learning through languages

## RELEASE FORM FOR PRESCHOOL THROUGH KINDERGARTEN

Applicant's name: \_\_\_\_\_

Applying to grade: \_\_\_\_\_ at the French-American School of Rhode Island

I the undersigned authorize \_\_\_\_\_ (name of applicant's school) to complete the attached evaluation form. I understand that this information shall become the property of the French-American School of Rhode Island and shall be completely confidential to the extent permitted by law, and is not available to the applicant or family.

Signature of Parent / Guardian:

Date:

---

Dear School Administrator,

The above named student is applying to the French-American School of Rhode Island. Please complete the attached evaluation form **no earlier than January 1<sup>st</sup> and return it to us directly by February 15<sup>th</sup>** in the envelope provided to:

Admissions Office  
French-American School of Rhode Island  
75 John Street  
Providence, RI 02906  
Tel 401 274 3325 Fax 401 455 3437

Thank you. Please do not hesitate to contact us with any questions.