



## Form 6: Permission to share information Form

**This form is to be filled out by the agent (if applicable). The form must be signed by the parent.**

Agent: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**I hereby give permission for Rossall School to send a copy of my child's report to the agent if required.**

**Signed** \_\_\_\_\_ (parent)

**Print name** \_\_\_\_\_ (parent)

**Date:** \_\_\_\_\_

Please fax this form to Mrs Calderbank:

+44 1253 772052

Or email

[d.calderbank@rossall.org.uk](mailto:d.calderbank@rossall.org.uk)

Or post by airmail to Mrs D Calderbank, PA to the Deputy Head,  
Rossall School, Fleetwood, Lancashire, FY7 8JW, UK