



Form 8: 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

dorothyc@rossallcorporation.co.uk

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