

ס"ס קצתת נירצששחמכר סס ניר משק

שכק"ש כקשחש%קצש יכ

18 King Street; Norfolk, MA 02056

(508) 520-7991; Fax (508) 520-7993

תק.ק'שח

Director of Student Services

**Permission to Communicate/Invite Transition Agencies to TEAM Meetings**

School Year: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Program: \_\_\_\_\_

Grade: \_\_\_\_\_

I \_\_\_\_\_ give permission for the King Philip Regional School District  
(Student/ (Parent/Guardian Name))

to contact \_\_\_\_\_ regarding transition planning for me/ (my child).  
(Agency Name)

This includes telephone and written communication. I also give permission for the King Philip  
Regional School District to invite the above-named Agency to any scheduled TEAM Meetings.

This permission will be effective for the duration of my/ (my child's) enrollment in the King Philip  
Regional School District, unless revoked by written notice.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date