



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

Parent(s) Name: \_\_\_\_\_

Name of Student's School: \_\_\_\_\_

I provide permission for Champions Academy to have access to my child's **Progress Reports, Report Cards, and End-of-Grade Testing Scores.**

This information is imperative to the program monitoring our progress and adjusting program to help do what is best to help support and grow our students.

**This is MANDATORY and must be returned by Friday, January 10<sup>th</sup>.**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)