

# MY MORNINGSIDE EXPERIENCE

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Name of Child or Self	Parent /Person preparing this statement	Dates attended/# of years Full time? Summer?
Current School	Current Grade	Adjective to describe your feeling about Morningside

Use the space below to describe your experience at Morningside and how that experience has helped you or your child. We encourage you to submit additional pages as necessary or use the reverse side of this form.

Comments:

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 Permission Form (Check all that apply) Valid until requested otherwise in writing.

I, \_\_\_\_\_ give permission for Morningside Academy to use this information for promotional purposes.

I, \_\_\_\_\_ do not give permission for Morningside Academy to use this information for promotional purposes.

You have my permission to use my/our name and photo in reference to these comments.

You do not have my permission to use my/our name and photo in reference to these comments. Please submit this anonymously.

Signature \_\_\_\_\_ Date \_\_\_\_\_