

(540) 636-4257 * info@mlm-school.org

TRANSCRIPT RELEASE FORM

Dear Parent:

Before we can complete the evaluation process of your child's application for admission to Mountain Laurel Montessori School, we need to obtain a transcript from your child's present school. Federal Law requires that parental permission be obtained before academic information can be released by one school to another. Please grant this permission by completing this form and giving it to your child's current school as soon as possible.

Monica Nixon Director				
PARENTAL PERMISSIO	ON TO RELEAS	E RECORDS		
Student's Name				Current Grade
	First	Middle	Last	
Present School				
Student's Date of BirthProposed Date of Withdra			ed Date of Withdrawal_	
I hereby give permission	for the release of	of all school records for i	my child.	
Signature of Parent/Gua	rdian			Date
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TO THE SCHOOL

Please release and forward all school records for the above-named student for whom an application to Mountain Laurel Montessori School has been submitted. Please include the following information which pertains to this student:

Past academic records State health form (including immunization information)

Current year grades Proof of birth

Standardized test scores Psychological, educational, and/or sociological evaluations

A final transcript may be needed upon the student's withdrawal.

Thank you for your assistance. Please send school records directly to the attention of the Director at:

Mountain Laurel Montessori School PO Box 102 Front Royal, VA 22630

Telephone: 540-636-4257 FAX: 540-636-4062

E-mail: info@mlm-school.org