

## Consent for Release of Records

The following student has applied for admission to New School Montessori, a Montessori, co-educational, nonsectarian, independent school for students ages 18 months through eighth grade. Please complete this form and return it at your earliest convenience.

Applicant's First Nam	e Last	
I hereby authorize the relea	ise of information requested by New School Mon	tessori Admissions
	Parent/Guardian Signature	Date
Information Requested		
The student's attendance at school h	as heen: □ Good □ Fair □ Poor	
Has the student received any special		
If so, please explain		
Has the student been, at any time, a	discipline problem? □ Yes □ No	
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## Please Enclose the Following:

- Current Year Report Cards
- Final marking period Report Cards for the last year.
- Standardized Test Results
- Copy of most recent IEP and/or psychoeducational evaluations (if applicable)

## A request will be made for Health Records upon Enrollment

Thank you for completing this form in a timely manner. We welcome any other comments you care to make regarding this applicant as a person or student.

Kristin Lassiter Enrollment Director