



CHIARAVALLE
MONTESSORI

RECORDS RELEASE FORM

To the Parent:

To complete your child's application, it is necessary that we receive a copy of his/her school transcript. In order to facilitate this process, we request that you sign the release statement below. **Please present this page to the registrar at your child's current school.**

Student _____ Current Grade _____

In accordance with Federal and State Laws, I hereby authorize

Current school

Address, City, State, Zip

to release the information indicated below.

Signature of parent

Address

Phone

Date

To the school:

The student listed above is a candidate for admission to Chiaravalle Montessori. Please submit as soon as possible but no later than _____ complete student records for him/her. Include grades and/or progress reports, any standardized achievement and aptitude test scores, teacher comments, disciplinary information and any other special reports or evaluations (e.g., learning disability or psychological) Please return this form along with the records to:

The Director of Admission
Chiaravalle Montessori
425 Dempster Street
Evanston, IL 60201