



SUMMIT MONTESSORI SCHOOL

Records Release Form

To the Parents/Guardians:

After you have filled in the information below and signed the authorization, give this form to your child's current school together with a stamped envelope addressed to Summit Montessori's Admissions Office

Name of Candidate _____

Current School _____

School Address _____

Telephone _____

I give my permission for the release of the above candidate's record. This should include all school records, including test scores and any other information concerning my child. It is understood that the privileged and confidential nature of such records will be preserved. Thank you for your assistance.

Signature of parent or guardian: _____ Date _____

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www.summitmontessori.org