



Request for Transcripts/Student Records/Permission For Communication

Releasing School or Agency _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Release Information to: Montessori Country School
Address: 10994 Arrow Point Drive NE, Bainbridge Island, WA 98110
Phone: (206) 842-4966
Email: office@mcsbi.org

Student Name: _____ Student Date of Birth: _____

Please release the following information:

- Permanent Records/Official Transcripts:** attendance, grades, standardized test scores, activities
- Discipline:** all pertinent information
- Health Information:** all health information
- Administrative Records:** recommendations, correspondence
- Special Services Assessments:** medical, psychological, speech, hearing, language, physical and occupational therapy
- Classroom records** indicating the level at which the student is working
- Other:** _____

I authorize release of records above to Montessori Country School (MCS). In addition, I give permission for the Releasing School/Agency above and staff from Montessori Country School to communicate by phone, email or in person for the purpose of determining enrollment at MCS. This may include an observation of my child at the Releasing School/Agency by a MCS faculty member.

Parent's Name (Print)

Parent/Guardian Signature

Date Signed