



**Permission for Release of Student Records**

Student's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

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**To the Current School:**

I give permission for \_\_\_\_\_ (name of current school) to release all my child's school records, including teachers' reports, test data, transcripts and any other pertinent information from my child's attendance at your school, to Woodside Montessori Academy.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**This student is applying to Woodside Montessori Academy.  
Please send the following *required* information to the address below.**

Please check each box for information that is included:

- Current year grades through receipt of this form. The next marking period grades will be available \_\_\_\_\_ (date).
- Transcript for past academic performance.
- Standardized test results.
- Medical records.

We thank you very much for your time and assistance.

Respectfully,

Kathleen A. Gasbarro  
Head of School