

Record Release Form for Applicants to Montessori School of Duluth (MN)

Parent/Guardian

Applicant Name _____

The Child is applying for admission to Montessori School of Duluth (MN) for

- Children's House: Half Day (age 3 by September 1)
- Children's House: Full Day (age 3 or 4 by September 1)
- Children's House: Kindergarten (age 5 by September 1)
- Elementary Grade 1
- Elementary Grade 2—5

I hereby authorize and request _____ to please email/fax the following
CURRENT SCHOOL
directly to Montessori School of Duluth's online application system, **support@tads.com, 612-548-3326.**

- (1) School record(s) of any kind to indicate the child's development and growth
- (2) If applicable, complete transcripts of grades, including the most recent marking period.
- (2) Results of standardized testing.
- (3) Results of any individual testing or screening.

Name of parent/guardian _____

Signature of parent/guardian _____

Date submitted to the School _____

Sending School

The student named above is applying for admission to The Montessori School of Duluth. The information you provide will be held in strictest confidence.