## **Release of School Records**

100 Montessori Place Rensselaer, New York 12144 tel 518.283.5400 fax 518.283.4861 woodlandhill.org



**NOTE TO PARENT/GUARDIAN:** Please complete, sign and date this form. Forward one copy to the student's present school and one copy to Woodland Hill. Please have the school send the requested records to the Woodland Hill Montessori School as soon as possible. Your student's complete school records are needed before the Woodland Hill Montessori School can make an admissions decision.

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The School Office of	f (student's present school)	
School Address		
School Phone		_ School Fax
Contact Person		
FROM		
Parent/Guardian o	f	
·		
I hereby authorize	the release of any and all records of this studen	t to the Woodland Hill Montessori School.
Name of Parent/Gu	ardian (please print)	
Signature		Date
Address		
Phone		
	ADMINISTRATOR: The transfer of the student's re lease check all records you have included or no	ecords to Woodland Hill Montessori School should include copies ote not applicable)
□ or N/A	1. Transcripts of all evaluations and grades.	
□ or N/A	2. Results of all standardized testing.	
□ or N/A	3. All health records including any assessments done by other health professionals.	
□ or N/A	4. All attendance records.	
□ or N/A	5. Individual Education Plan (IEP), if applicable	е.
□ or N/A	6. Any other information maintained in the stu	udent's permanent record.
Director of /	iill Montessori School sori Place	