



**REQUEST FOR RECORDS/TRANSCRIPTS**

**To Parent/Guardian:** Please type or print your child’s name and give this form to your child’s current school’s Office. The school should email the form to **admissions@communitymontessori.org** or mail to **Community Montessori School 4930 Webb Road Tampa, Florida 33615.**

Student \_\_\_\_\_ Applying to grade \_\_\_\_\_

Name of Current School \_\_\_\_\_

**To Parent/Guardian:** Please read and sign statement below.

*For the student named above, I authorize the release of school records including all of the following listed below to Community Montessori School.*

\_\_\_\_\_  
Signature of Parent/Guardian Date

**Instructions to Applicant’s Current School:**

The student listed above has applied for enrollment in our school. Please send:

- Academic Records of current & prior year**
- Conduct and Discipline Records**
- Intellectual/Psychological Evaluations**
- Health/Immunization Records**