Marin Montessori School

5200 Paradise Drive
Corte Madera, CA 94925
tel (415) 924-5388
fax (415) 924-5305
www.marinmontessori.org

Request for Copies of Student Records

Parent/Guardian:

Please submit this completed form to your child's current school.

I authorize _____ to release copies of
(SCHOOL NAME)

progress reports, grades, and standardized test scores for:

_____
(STUDENT'S FULL NAME)

I understand that these copies will become part of the permanent file if the above named student is admitted to Marin Montessori.

_____ _____
(SIGNATURE OF PARENT OR LEGAL GUARDIAN) (DATE)

Current School:

Please forward copies of the records listed above, including first semester grades/reports for the current academic year by **January 31, 2019**.

Please mail to:

Marin Montessori School
5200 Paradise Drive
Corte Madera, CA 94925
Attn: Office of Admissions

Thank you for your assistance.