REQUEST FOR RECORDS

Parent Instructions:
Please give the attached Teacher Evaluation Information Form to an official or registrar at your child's current school after completing the information below:

Applicant's Name: _____
Last First Middle

Birth Date: ____/____/____ Applying to Grade:_____

____ Last two progress reports
____ Most recent standardized test scores
____ Copies of any outside evaluations
____ Medical/Health Records
____ Teacher Evaluation Form(s)

I hereby authorize the release of the information mentioned above to White Rock Montessori School.

_____ _____
Signature of Parent or Guardian Date

Registrar's Instructions:
This student has applied for admission to White Rock Montessori School. Please send a copy of the above checked records, along with any applicable comments, directly to White Rock Montessori School.

Thank you for your assistance in this matter.

MAIL DIRECTLY TO: White Rock Montessori School
1601 Oates Drive
Dallas, Texas 75228