



TRANSCRIPT REQUEST FORM

To: **Admissions Director**

(School Name)

(School Mailing Address)

Street Address

City

State

Zip

Please release records including:

- copies of complete transcript of grades
- all standardized test scores
- complete school health records
- teacher comments
- observations of his/her overall development and progress concerning this student (narratives, portfolios, etc.)

All information and a photocopy of this form should be forwarded to:

Christian Montessori School at Lake Norman

Attn: Admissions Committee

14101 Stumptown Road

Huntersville, NC 28078

Phone 704-875-1801 • Fax 704-875-0915

On behalf of my child, _____, who is/has been enrolled as a student at your school, I have applied for admission to the Christian Montessori School at Lake Norman beginning with the term starting _____, 20____. I hereby authorize you to release a complete copy of his/her file. Enclosed you will also find a Teacher Evaluation Form to be completed by appropriate staff members.

Signature

Date

Admissions Director or School Administrator completing this request:

Signature

Date

Christian Montessori School

AT LAKE NORMAN