



White Rock Montessori

REQUEST FOR RECORDS

Parent Instructions:

Complete this form and give it to the office or registrar at your child's current school. Initial next to each item you authorize to be released to White Rock Montessori and sign in the box below.

Child's Name: _____

Child's Birthdate: _____

- Last two Progress Reports
- Most recent standardized test scores
- Copies of any outside evaluations
- Medical/health records
- Teacher evaluations

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

Signature of Parent/Guardian

Date

School Office or Registrar Instructions:

Please send a copy of the above checked records, along with any applicable comments, directly to the office at White Rock Montessori.

Email: admissions@whiterockmontessori.org

Fax: (214) 324-5671

Mail: White Rock Montessori, Attention: Admissions, 1601 Oates Drive, Dallas, Texas 75228

Thank you for your assistance in this matter!