



30 Green Street, Ashland, MA 01721

508-881-2123

SCHOOL RECORDS RELEASE FORM

DIRECTIONS TO THE APPLICANT/PARENTS:

Please complete this School Records Release Form and give it to your current school. Your school will then give you sealed documents or forward your records to Pincushion Hill Montessori School.

Student Name _____

Grade *(last attended)* _____

Date of Birth _____

I authorize _____

(Name of current school)

to release and send copies of information regarding the student record to Pincushion Hill Montessori School.

Parents / Guardian's Signature

Date