



Official Transcript Release

To Parents:

Please complete this release form. Sign and submit it to the appropriate office at your child's current school.

Student's Name: _____

Current School: _____

Current Grade: _____

Applicant for Grade: _____

Please print clearly the name of the Parent/Guardian

To Current School:

Please send the following information

1. Students official transcript for current year & previous year
2. Students school records relevant to admission

Please email or mail documents to the following:

Admission Office

info@lolmontessori.org

Love of Learning Montessori School

POB 627

Centerport, NY 11721

T: 631.629.5599