



To: Name/address of Last school attended

The following student had registered at Love of Learning Montessori School. Please release the following information as soon as possible by fax (631)754-4110 or via email to admin@lolmontessori.org.

Student Name_____

Student Grade_____

1. All cumulative/permanent transcripts
2. All pertinent psychological and testing information including IEP/504 if applicable
3. Most recent report card and current grades at time of withdrawal
4. Health and Attendance Records

Thank you for your cooperation.

Parent/Guardian Signature:_____

Date:_____