



## Release of Student Records

\_\_\_\_\_  
Name of last school attended

\_\_\_\_\_  
School Fax #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

\_\_\_\_\_  
Zip

To whom it concerns,

The following student has applied for admission to Pebblecreek Montessori School for the \_\_\_\_\_  
school year:

\_\_\_\_\_  
First Name

Middle Name

\_\_\_\_\_  
Last Name

- At your earliest convenience, please send us a copy of all pertinent information contained in the student's records
- Scholastic Records
- Standardized Test Scores
- Psychological/Sociological Reports (including ADD, ADHD, speech or other learning difficulties)
- Attendance Records
- Health Records
- Statements from teachers or administrators in the student's file concerning any discipline problems

Thank you for your prompt handling of this student's records.

***Please mail or fax records to:***

**Pebblecreek Montessori School**

**Fax: 972-908-3790**

**Attn: Admissions**

**600 Old Custer Rd.**

**Allen, TX 75013**

I hereby authorize the release of the information listed above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date