



NOTE: This form is for new students applying to CMS ONLY!

CANTON MONTESSORI SCHOOL
125 15th St NW, Canton, OH 44703
Phone: 330-452-0148 Fax: 330-452-4721
Email: hos@cantonmontessori.org

Permission to Release School Records

Student Full Name: _____
First Middle Last

Student's Date of Birth: _____ Home Phone: _____

Student's Legal Address: _____

City State Zip

Does the student receive Special Education Services? Yes No

I grant permission to the proper authorities at:

School Name: _____ Phone: _____

Address: _____

to release a copy of the following parts of my child's record to the Office at Canton Montessori School:

- Official Transcript
- Standardized Test Scores
- Immunization Records
- Birth Certificate
- Report Cards
- Teacher and/or Counselor Observation and Comments
- Intelligence and Aptitude Test Scores (if available)
- Special Education Records (if applicable) including IEP, ETR, or 504 Plan and any report period psychological reports, evaluation reports, etc.
- Disciplinary and attendance records
- Custody Documentation (if applicable)
- Other: _____

I also grant permission for my child's current teacher to complete a recommendation form.

Name of Current Teacher: _____ Email: _____

Name of Legal Parent/Guardian: _____

First Last

Signature Parent/Guardian: _____ Date: _____

Parents: We ask you to sign and return this authorization form along with your application so that we may obtain the school records and recommendations, which are a required part of the student's application file.