

DATE REQUESTED

COLUMBUS MONTESSORI EDUCATION CENTER
TRANSCRIPT RELEASE FORM

Submit this completed form to your child's current school.

STUDENT NAME

LAST

FIRST

MIDDLE

The above-mentioned student has applied to Columbus Montessori Education Center for the following GRADE: _____.

Please send a copy of the following records to Columbus Montessori including:

- Current Grades
- Academic Transcripts for All Previous Years
- Standardized Test Scores
- Attendance Records
- Disciplinary Actions
- Any Special Educational, Psychological Testing, or Special Needs (i.e. reading assistance, speech, I.E.P., etc.)

Please mail all materials to:

COLUMBUS MONTESSORI EDUCATION CENTER
Admissions Office
979 South James Road
Columbus, OH 43227

After the student has been accepted and officially enrolled, our office will send a request for a final transcript upon the end of the school year.

If you have any questions, please contact our Admissions Office:

Rekha Kohli, *Director of Student/Family Services*
614-231-3790 x 13
rkohli@columbusmontessori.org

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO STUDENT

CURRENT SCHOOL

CURRENT GRADE



COLUMBUS MONTESSORI EDUCATION CENTER
979 south james road
columbus, ohio 43227

www.columbusmontessori.org
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F 614.231.3780