



metropolitan montessori school
An Education for Life since 1964

REPORT RELEASE

PLEASE SUMMIT TO YOUR CHILD'S CURRENT SCHOOL

To Parents: *Please complete and sign this Report Release form and send it to your child's current school.* This will authorize the current school to send a Confidential Report to the Admissions Office of:

Metropolitan Montessori School
325 West 85th Street
New York, NY 10024

I hereby authorize you to complete and send a Confidential Report for my child _____ to Metropolitan Montessori School. Should you need a copy of the ISAAGNY Confidential Report Form, please call 212-579-5525 x 116.

I understand that the Report is confidential between the sending school and Metropolitan Montessori School and will not become part of the student's permanent record.

Parent Signature

Date