



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 & school records 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 ISAAGNY report & school records 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