

*“A place where children
are valued and respected.”*

*250 South Cherry Wood
Lafayette, Co 80026
303-665-6789*



ADVENTURE MONTESSORI
LEARNING, INC.

RELEASE OF RECORDS & INFORMATION
Preschool through 6th Grade

Please complete, sign and deliver this release form to all of your child’s previous and current schools, therapist, evaluators and other pertinent practitioners. School record and reports, test, evaluation and screenings do not need to be submitted at the same time as the other application materials, but must be received for the application file to be completed.

In addition, it may be necessary for Adventure Montessori or staff member to talk to your child’s current teacher, therapist, or other practitioner for additional information. By signing this form you provide and consent and authorization for this valuable exchange or information.

Student Name: Last _____ M _____ First _____

Current Grade _____ **Enrolling Grade** _____ **School Year 20** __, **20** __

Date of Birth ____/____/____

RECORDS AND INFORMATION RELEASE FROM:

School _____

Therapist/Practitioner Name _____

Title _____

Address _____

City, State, Zip _____

For the student name above, I authorize the release of records and information both written and verbal to Adventure Montessori Learning, Inc School. This includes but is not limited to all cumulative records and information including educational, developmental, psychological and sociological information, evaluation, and screenings; all testing, scholastic achievement, transcripts and standardized testing; and all health, immunizations, screenings, and medical records. I further hereby release Adventure Montessori Learning, Inc from all liability pertaining to the disclosure of this information.

Parent/Guardian Signature _____ **Date** _____

Send records to school address.