

## **Permission for school to release student records to Safety Harbor Montessori Academy**

Name of Applicant \_\_\_\_\_

Applying for entrance into \_\_\_\_\_ grade.

The attached form is to be completed by the teacher, director, or principal of your child's most recent school. The school cannot act until this recommendation has been received. This form will be used only for the admission process and will not become a part of the student's permanent record at SHMA. The school will mail or fax this form and any available evaluative reports directly to SHMA. A parent may not hand deliver or email this form to SHMA.

In order to allow my child to be considered, I authorize the release of my child's academic record, standardized test scores, any evaluative reports, and this recommendation form, as requested below by SHMA. I release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information to SHMA. I will not seek access to confidential recommendations and evaluation materials before and/or after the admission decision is made.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**Please mail information to:  
Safety Harbor Montessori Academy  
Attention: Lori Mikulaschek  
2669 McMullen Booth Road  
Clearwater, FL 33761**

**Or fax to the attention of Lori Mikulaschek, at 727.724.0289**

*School may retain this form as record of parent permission.*