



CONSENT FOR RELEASE OF INFORMATION

To Head of School, Registrar or Guidance Counselor:

The student named below has applied for admission to Montessori Education Center of Hawaii. In order to complete the admission application, we request the following:

1. Current or final year-end grades/progress report
2. Health Records (physical exam and immunization report)

Please return the requested information to Montessori Education Center of Hawaii:

MAIL

PO Box 967
Kamuela, HI 96743

EMAIL

mechkohala@hotmail.com

FAX

(808) 887-9214

STUDENT NAME

CURRENT GRADE

ADDRESS

CITY

STATE

ZIP

CURRENT SCHOOL

I hereby authorize the release of the above mentioned information to Montessori Education Center of Hawaii for use in evaluating eligibility for admission.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PRINTED NAME

TELEPHONE NUMBER