



Request for Records

To the Parents of the Applicant:

Please fill out this form and give it to your child's current school.

Child's Name: _____

Date of Birth: _____

Current School: _____

Dates of Attendance: _____

I hereby authorize the release of school records (progress reports and test scores) to Aidan Montessori School. I understand that these records are confidential.

Parent Signature: _____

Date: _____

Parent Name: _____

The above named student has applied to Aidan Montessori School for admission. Please forward their information to:

Admissions Office
Aidan Montessori School
2700 27th St., NW
Washington, DC 20008