

C O U N T R Y S I D E
MONTESSORI SCHOOL
Middle School and High School

Transcript Request

To: _____

From: Heide Putt, Administrator

Date: _____

The following student has applied for admission to Countryside Montessori School for the 2009-2010 school year. This is to request the following information:

- _____ Official Transcript (showing name, address, date of birth, grades, grade level completed and courses completed) for this year and previous two years.
- _____ Standardized achievement/aptitude test scores
- _____ Psychological/Educational Testing, if applicable

Name: _____ DOB _____ Date: _____

Signature of Parent or Guardian: _____
(optional, not required by law)

Thank you for your prompt attention to this matter.

Please send or FAX to:

Countryside Montessori School
Director of Admissions - Heide Putt
9026 Mallard Creek Road
Charlotte, NC 28262
FAX: 704/548-0088