

Name of Applicant _____

Please note below any concerns, comments or ideas you may have about this student that will help us in properly placing this student.

I/WE Strongly Recommend Recommend Recommend with Some Reservations I do not Recommend
this applicant for admission to Summit-Questa Montessori School.

Date	Signature	Title	
Print Name: Circle One (Ms., Miss; Mrs., Mr., Dr.)			
Name of School			
Address	City	State	Zip
Telephone No. ()	Indicate best time to reach you by telephone.		

After completing this form, please fax to: Admissions Office
Summit-Questa Montessori School
954-584-7816 (fax)

With questions call: (954) 584-3466

PARENT RELEASE

I, the parent/s of _____, give Summit-Questa Montessori School permission to obtain all previous records and information pertaining to this application. I/we also understand that this recommendation form is to be sent directly to Summit-Questa Montessori School from the student's previous school via mail or by fax and that this form will not be accepted if submitted to Summit-Questa Montessori School by the parent. I/we release all prior teachers/staff and/or school from any and all liability resulting from the release of records, documents and other information provided to Summit-Questa Montessori School.

Parent/s Name (print): _____

Parent/s Signature: _____

Date Signed: _____