



TRANSCRIPT AND RECOMMENDATION RELEASE FORM

Please submit this form directly to your child's current school.

My child, _____, is an applicant for admission at Brooklyn Heights Montessori School (BHMS).

I hereby authorize the release of my child's school records to BHMS.

Additionally, I request that his/her current teacher, _____, fill out the enclosed confidential recommendation form.

- The **Completed Recommendation Form**, and
- **All School Records** (including information from the current term and any available standardized testing results) directly to:

**Admissions Committee
Brooklyn Heights Montessori School
185 Court Street
Brooklyn, NY 11201**

admissions@bhmsny.org
Phone: 718-858-5100
Fax: 718-858-0500

I understand that all information shared with BHMS will be kept strictly confidential, and I hereby waive my right to see any teacher reports or recommendations.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Brooklyn Heights Montessori School has an institutional commitment to the principles of diversity. In that spirit, BHMS does not discriminate in violation of the law on the basis of race, religion, creed, color, gender, sexual orientation, age, physical challenge, national origin, or any other characteristic.