

# Permission to Release Information



Richmond  
Montessori  
School *a world of difference*

Name of Applicant

Applicant's Date of Birth

## **I hereby authorize**

Current School

Current school address, city, state, zip

Current school contact, email and phone

**to release all pertinent information contained in the cumulative permanent record of my child to:**

**Richmond Montessori School, 499 N. Parham Road, Henrico, VA 23229**

**Fax: 804.741.5431**

**Email: [admissions@richmont.org](mailto:admissions@richmont.org)**

The signature below and its related fields are treated by Richmond Montessori School as a physical handwritten signature on a paper form.

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

*RMS admits students of any race, color, national and ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin, in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs or otherwise discriminate in violation of federal, state or local law.*