



Centers of Learning

Private School

PARENTS: PLEASE SIGN AND DATE THIS FORM AND FILL IN YOUR CHILD'S NAME AND DATE OF BIRTH. THE FORM SHOULD THEN BE GIVEN TO YOUR CHILD'S PRESENT SCHOOL.

TRANSCRIPT RELEASE

NAME:

DATE OF BIRTH:

IS AN APPLICANT TO CENTERS OF LEARNING SCHOOL FOR THIS COMING SCHOOL YEAR. PLEASE SEND COPIES OF TRANSCRIPTS, MOST RECENT REPORT CARDS, HEALTH AND IMMUNIZATION RECORDS, AND ANY AVAILABLE TEST SCORES TO:

**CENTERS OF LEARNING
ADMISSIONS
8854 HASKELL AVE.
P.O. BOX 2037
NORTH HILLS, CA 91393**

I GRANT PERMISSION FOR A COPY OF MY CHILD'S TRANSCRIPT TO BE SENT TO CENTERS OF LEARNING SCHOOL:

Parent/Guardian Signature

Date

Name of Former School

Address

City, State, Zip Code