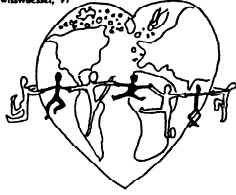


Annika Wisniewski, '97



MOUNTAIN ROAD SCHOOL

5 Abode Road, New Lebanon, NY 12125
Tel (518) 794-8520 · Fax (518) 794-8623
www.mountainroadschool.org

Name of School _____

Address _____

Phone _____

Dear Principal/Head of School,

A student currently enrolled in your school, _____,

Name of student and DOB

has applied for admission *and/or* matriculation at Mountain Road School. We would appreciate having the following records sent to us as soon as possible:

- Health Records
- Cumulative Folder
- Special Education Records
- Any other information that may prove to be helpful

Please send the above information to the attention of:

Kathleen Bailer Adams, Director
Mountain Road School
5 Abode Road
New Lebanon, N.Y. 12125

Phone: 518-794 – 8520 fax: 518-794-8623

I authorize the release of all academic and health records concerning my child,
_____, to Mountain Road School.

Name of student and DOB

Signature of parent

Today's Date

5/2/2011