



## CENTERS OF LEARNING

8854 HASKELL AVENUE • NORTH HILLS, CA 91343  
TEL: 818.894.3213 • FAX: 818.893.8074

MAILING ADDRESS:  
P.O. BOX 2037 • NORTH HILLS, CA 91393

**PARENTS:** Please fill in your child's name, date of birth, then sign and date this form. **This form should then be given to your child's present school.**

### TRANSCRIPT RELEASE

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

The above student is applying to Centers of Learning School for the upcoming school year. Please send copies of transcript, most recent report card, health & immunization records, and any available test scores to:

**CENTERS OF LEARNING  
Admissions  
P.O. Box 2037  
North Hills, CA 91393**

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I grant permission for a copy of my child's transcript to be sent to Centers of Learning School:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date