



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**

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

Parent/Guardian Signature

Date