



MONTCLAIR KIMBERLEY ACADEMY

To the Parent/Guardian:

Please complete, sign and submit this form to the principal, director, division head or guidance counselor in your child's current school. Montclair Kimberley Academy considers all information provided by an applicant's school and teachers as confidential. This form will be considered invalid if not sent directly to Montclair Kimberley Academy by your child's school. If you or they have any questions, please contact our Admissions Office.

Legal Name of Applicant _____ (please print) Applicant to grade _____

Applicant's Present School _____ School Phone () _____

Parent/Guardian Signature _____ Date _____

To the School:

This student is an applicant for admission to Montclair Kimberley Academy. After the first marking period has been completed, please send the following academic testing and information:

- This signed form
- Final grades for the last two years
- Grades for at least one marking period this year
- Any standardized testing results from the current school year

School Official Name _____ Title _____

Signature _____ Date _____

Email address _____ Business Phone () _____

Please return to:

The Admissions Office
Montclair Kimberley Academy
201 Valley Road
Montclair, NJ 07042
973-509-4526

Or send via fax to:

TRANSCRIPT REQUEST FORM