

Request for Student Records

Student's full name:

Current school:

Current grade:

School year for which student is applying:

Instructions for the Current School:

Please mail the requested records below directly to:

International Montessori School
ATTN: Records
3001 Academy Road, Building 300
Durham, NC 27707

Requested Records:

- All academic records from my/our child's time at your school, including reports cards, progress reports, etc.
- Any standardized test scores, if applicable
- Any psychological or educational evaluations and/or testing results, if applicable
- Current immunization records
- A teacher evaluation from the most recent classroom teacher using the form included in this request

Instructions for Parents/Guardians:

I/We hereby authorize the release of my/our child's information to International Montessori School.
I/We understand the information provided under this release is strictly confidential

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date