

Request for Student Records

To be completed by the parents/guardians before submitting the form to the child's current school

Student's full name:

Current school:

Current grade:

School year for which student is applying:

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

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| Printed Name of Parent/Guardian | Signature | Date |
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| Printed Name of Parent/Guardian | Signature | Date |
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Instructions for the Current School

Please mail, email, or fax the requested records below directly to:

International Montessori School
ATTN: Records
3001 Academy Road, Building 300
Durham, NC 27707
admissions@imsnc.org
(919) 287-2436 (FAX)

Requested Records:

- All academic records from the 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

For question, please contact us at (919) 401-4343.