



# REQUEST FOR STUDENT RECORDS

**PARENT/GUARDIAN:**

Please submit this completed form to your child's current school.

I authorize \_\_\_\_\_  
(SCHOOL NAME)

to release copies of progress reports, grades, and standardized test scores for:

\_\_\_\_\_  
(STUDENT'S FULL NAME)

I understand that these copies will become part of the permanent file if the above named student is admitted to Montessori Family School.

\_\_\_\_\_  
(SIGNATURE OF PARENT OR LEGAL GUARDIAN) (DATE)

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**CURRENT SCHOOL:**

Please forward copies of the records listed above, including first semester grades/reports for the most recent academic year.

Please mail to:

Montessori Family School  
7075 Cutting Blvd.  
El Cerrito, CA 94530  
Attn: Admissions

Email: [caroline@montessorifamily.com](mailto:caroline@montessorifamily.com)

If you have any questions, please do not hesitate to call (510) 236-8802. Thank you for your assistance.

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