



Records Request Form

Date: _____

For the Attention of: _____

Former School: _____

Address: _____

Phone: _____

Fax: _____

Village Montessori School has received a request from the _____ family to attend our school. Please send any records that would assist us with proper placement in our Montessori school. This includes conference records, lessons given, attendance records, discipline forms, and any records from previous schools for the child(s) listed below. Thank you for your help in this matter. If you have questions please give us a call at 770-552-0834.

Child's Name: _____

Child's Name: _____

Child's Name: _____

I _____ give you permission to release my child's records to Village Montessori School.

Parent's Signature/Date

Please fax this information to 770-645-6425 to the attention of Cara Friedline Director of Education.

Sincerely,
Louis Lee
Owner of Village Montessori School