## Staunton Montessori Records Request

| Applicant Name:   | Applying for School Year:   |
|---|---|
| Sch   | ool Records Release   |
| Parent/Guardian Name(s):  |   |
| Current School:   | Mailing Address:  |
| City:   | State: Country:   |
| Postal Code:  | Phone:  |
| Parent/Guardian: Please sign this School Records Release and tu To guarantee consideration, please request the Debra Dance Schmid Head of School, Stau 22939. | arn it into your child's current school.  at this form is sent from your child's current school directly to:  nton Montessori School, 2076 Jefferson Hwy., Fishersville VA  |
| School. I also understand that the information  | ol records of the above student to be sent to Staunton Montessori<br>on this form and any additional information will remain confidential.<br>School to contact my child's current teachers to discuss their recent |
| Signed:   | Date:   |

## To the Registrar and/or Principal:

The student named above is applying to Staunton Montessori School and requesting that you complete this records release. Please return this form and attach the following information:

- ➤ Health/Medical
- Academic Information
- ➤ Testing & Evaluations
- ➤ Disciplinary Records
- ➤ Transcripts from other schools
- ➤ All other pertinent information

## Please return this form with the records to:

Mail: Debra Dance Schmid

Staunton Montessori School

2076 Jefferson Hwy

Fishersville VA 22939

Email: office@stauntonmontessori.org

Respecting the mind, imagination, and spirit of each student, Staunton Montessori School welcomes students of any religion, family structure, race, color, ethnicity, nationality, gender identity, gender expression, and sexual orientation. We believe that a diverse student body will promote an inclusive learning environment in alignment with the pillars of Montessori education.