

Release of School Records

104 Commercial Blvd, Elizabeth City, NC 27909
tel 252.621-1777 fax 252.621.1778 gracemontessoriacademy.com



NOTE TO PARENT/GUARDIAN: Please complete, sign and date this form. Forward one copy to the student's present school and one copy to Grace Montessori. Please have the school send the requested records to Grace Montessori Academy, inc. as soon as possible. Your student's complete school records are needed before Grace Montessori Academy, Inc. can make an admissions decision.

TO

The School Office of *(student's present school)* _____

School Address _____

School Phone _____ School Fax _____

Contact Person _____

FROM

Parent/Guardian of _____

hereby authorize the release of any and all records of this student to the Grace Montessori Academy, Inc.

Name of Parent/Guardian *(please print)* _____

Signature _____ Date _____

Address _____

Phone _____

NOTE TO SCHOOL ADMINISTRATOR: The transfer of the student's records to Grace Montessori Academy, Inc. should include copies of the following: (please check all records you have included or note not applicable)

- or N/A 1. Transcripts of all evaluations and grades.
- or N/A 2. Results of all standardized testing.
- or N/A 3. All health records including any assessments done by other health professionals.
- or N/A 4. All attendance records.
- or N/A 5. Individual Education Plan (IEP), if applicable.
- or N/A 6. Any other information maintained in the student's permanent record.

Please send all school records for the above named student to:

**Grace Montessori Academy,
Inc.** 104 Commercial Blvd
Elizabeth City, NC 27909