



Bridgeview Montessori School

Dear Parent,

Please fill out, sign below and forward to your child's current school.

By signing below you authorize your child's current school to remit *copies* of his/her school records to us for review in admission consideration.

In the event that your child is accepted to Bridgeview Montessori, we will send you a Final Transcript Consent form to fill out, which will authorize your child's current school to transfer his/her permanent school records.

Student Records Request

(to submit to current school administration)

_____ is interested in applying to our school.

(Print Student's Name)

Please forward to Bridgeview Montessori School as soon as possible a COPY of this student's (current and past two years):

- Progress Reports / Report Cards
- Attendance Records
- Test Scores
- Evaluations, if any
- Individual Education Plan, if any

Thank you.

Bridgeview Montessori School
P. O. Box 270
Sagamore, MA 02561-0270

Print name of parent or guardian

Date

Parent or Guardian signature

