



*Please complete this form and submit it to your child's current school.*

**To the Parent or Guardian:**

Please complete all information below authorizing your child's current school to release complete school records to Ruffing Montessori School. Once complete, please submit this form to your child's school. Thank you!

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Student's Name: Last First Middle

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Date of Birth (Month/Day/Year)

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Child's current school Current grade

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Parent or Guardian's Name Phone

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Address City State Zip Code

**Parent/ Guardian Consent:**

I authorize the transfer of all educational records to Ruffing Montessori School. Please send all progress reports, grade reports, and transcripts for the current year and previous years. In addition, please send copies of testing information and/or test scores for the past 3 years (or as many years as available), and any information regarding accommodations and/or IEP information. I understand that all information provided will remain confidential and that parents, students, and/or guardians will not have access to this information.

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**Parent/Guardian Signature** **Date**

**Please send or email school records to:**

Ruffing Montessori School  
ATTN: Director of Admissions & Enrollment Management  
3380 Fairmount Blvd.  
Cleveland Heights, OH 44118

*Email: Julie Haffke at [julieh@ruffingmontessori.net](mailto:julieh@ruffingmontessori.net)*