



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!

Student's Name: Last

First

Middle

Date of Birth (Month/Day/Year)

Child's current school

Current grade

Parent or Guardian's Name

Phone

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.

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: Rosie Ford at rosief@ruffingmontessori.net