



Request For Release Of Information For Application

DEAR PARENT OR GUARDIAN:

This form should be filled out by you and given to your child's PREVIOUS school. The school will then send copies of your child's school records (items requested are listed below) to Sunny Hollow Montessori.

STUDENT'S FULL NAME (First / Middle / Last)

DATE OF BIRTH

CURRENT GRADE

HOME ADDRESS

CITY, STATE, ZIP

PRESENT SCHOOL OR CHILDCARE

PHONE NUMBER

FAX NUMBER

PRESENT SCHOOL ADDRESS

CITY, STATE, ZIP

I hereby grant permission for the above school to release copies of the following school records
(as applicable for current and past two years) for the student named above.

- ATTENDANCE RECORDS
- PROGRESS REPORTS/REPORT CARDS
- STANDARDIZED TEST SCORES
- HEALTH RECORDS
- STUDENT BEHAVIORAL/DISCIPLINE RECORDS
- IEPS/SPECIAL EDUCATION INFORMATION EVALUATION

PARENT'S/LEGAL GUARDIAN'S SIGNATURE

DATE

PLEASE SEND COPIES OF RECORDS TO:

ADMISSIONS OFFICE
SUNNY HOLLOW MONTESSORI
636 Mississippi River Blvd. S.
St. Paul, MN. 55116

FOR MORE INFORMATION, PLEASE CALL:

651.690.2307

TO SEND A FAX:

651.690.0684