

Bucks County Montessori Charter School
219 Tyburn Road, Fairless Hills PA 19030
215-428-6700 (phone) 215-428-6702 (fax)

REQUEST FOR STUDENT RECORDS

Student's Name _____

Birth Date _____ Grade _____

To: _____

SUBJECT: SCHOOL RECORDS:

The above student has enrolled in our school. Please send his/her educational records & health records for the above pupil. We would appreciate your including results of standardized testing, scholastic grades, attendance records, discipline records and any other appropriate data.

Please include psychological, psychiatric records, I.E.P. or other records relative to special education classification, if applicable.

AUTHORIZATION TO RELEASE STUDENT'S SCHOOL RECORDS

I have enrolled my child in the above school and hereby authorize you to release his/her education records.

Signature of Parent/Guardian

_____ Date _____