



# Rochester Montessori School

A Montessori and International Baccalaureate School  
how children learn influences who they become



## Request for Records

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please send the following records for the student listed above:

- Transcript
- Dates of Enrollment
- Standardized Test Scores
- Special Education Records, including initial summary, current IEP and current summary evaluation (within 3 years)
- Immunization Record

I authorize the release of these records.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send records to:

Rochester Montessori School  
Attn.: Joan Lowery, Assistant Head of School  
5099 7<sup>th</sup> St NW  
Rochester, MN 55901  
or  
joan@rmschool.org