

# Hudson Country Montessori School

44A Shelter Rock Road, Danbury CT 06810

Phone: (203) 744-8088 / Fax: (203) 748-3403

## Request for Records

(Parent: Please fill in the blanks and return to Hudson Country Montessori School.)

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

\_\_\_\_\_  
Name of previous school

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City, State, Zip

Dear Sir or Madam:

Please forward Scholastic, Health, and Test (including psychological, if any) records for the following child/(ren) who is/are registered in our school. Thank you for your cooperation.

\_\_\_\_\_  
name of child

\_\_\_\_\_  
grade

\_\_\_\_\_  
date of birth

\_\_\_\_\_  
name of child

\_\_\_\_\_  
grade

\_\_\_\_\_  
date of birth

Sincerely,

Megin Meyer  
Admissions/Administration

Please release all records regarding my above-named child/(ren) to Hudson Country Montessori School. I also give you permission to speak with Hudson Country Montessori School regarding my child(ren) if deemed necessary by Hudson Country Montessori School.

\_\_\_\_\_  
Signature of Parent/Guardian